



WUSME

**MEMBERSHIP APPLICATION FORM
(AFFILIATE MEMBER - BUSINESS)
2020**

Please, send back this application form, duly filled out and signed on each page, by post, fax or e-mail to:

World Union of Small and Medium Enterprises
WUSME Headquarters
Address: Piazzale M. Giangi n.2 47890 – SAN MARINO Republic of San Marino
Fax: +378 0549 807710
e-mail address: info@wusme.org



MEMBERSHIP POLICY FOR AFFILIATE MEMBER – BUSINESS CATEGORY

Membership as Affiliate Member of WUSME in the BUSINESS category is addressed to ENTREPRENEURS, ENTERPRISES and ORGANIZATIONS interested in joining WUSME and receiving the following BENEFITS.

BENEFITS

1. Access to the WUSME international network;
2. WUSME Newsletter in preview;
3. Quarterly magazine "THINK SME" in PDF format (in preview) and in hard copy;
4. 50% discount on advertisement published on the quarterly magazine "THINK SME" (or other publications) or promotions;
5. Contribution on our social networks (communication of events, initiatives, projects, etc.);
6. Discounts on WUSME programs (eg training or others);
7. 50% discount on registration to events organized by WUSME.
8. web portal reserved to business.



GENERAL INFORMATION

To be filled out in capital letters

Name: _____

Address (Headquarters): _____

State/Province/Other: _____

Country: _____

Generic email for organisation: _____

Telephone No.*: _____

Fax*: _____

URL: http://_____

Please, attach copy of the Certificate of Incorporation or equivalent

LEGAL REPRESENTATIVE

Mr. Mrs. Ms. Dr. Prof.

First Name: _____

Last Name: _____

Position: _____

Direct Telephone No.*: _____

Fax*: _____

Direct e-mail: _____

Birth Place: _____ Birth Date: ___/___/_____

Residence Address: _____

State/Province/Other: _____ Country: _____

No. Valid ID (specify type): _____

Please, attach copy of the I.D. indicated



CONTACT PERSON to be appointed as Official Representative in the General Assembly and to be filled out if different from the Legal Representative:

Mr. Mrs. Ms. Dr. Prof.

First Name: _____

Last Name: _____

Position: _____

Direct Telephone No.*: _____

Fax*: _____

Direct e-mail: _____

**Please, type telephone and fax numbers as they should be dialled from outside your own country – including country and city prefixes*

Place and Date _____

Signature of the Legal Representative _____

ADDITIONAL INFORMATION

Describe your mission and goals:

Describe the topics of interest:

Explain what specific assistance you look for joining WUSME:



APPLICATION FORM

I, _____ as legal representative of _____
_____ request my **ENTERPRISE/ORGANIZATION** to be
admitted as **AFFILIATE MEMBER** to WUSME for **YEAR 2020** in the **BUSINESS** category and agree to
pay the annual fee of **€ 300,00**.

In this regard, I certify that:

- I agree with and am interested in the institutional goals of the Association, of which I correspond the spirit and ideals;
- I declare to fully know the statutory rules and obligations which flow my title of Affiliate Member and to scrupulously observe the Articles of the Association, the Regulations and other Acts approved by the Board of Directors and General Assembly Meeting.
- to be committed to pay the membership fee above indicated, according to member category, noting that this application form will be considered by the Board of Directors, pursuant to Section 8 Statute of the Association.

Place and Date _____

Signature: _____

Privacy
Pursuant to the **GDPR (Law n° 171/2018 of San Marino and EU Regulation 2016/679)**, we inform you that the owner of the data provided is WUSME Association, with registered office in San Marino (RSM), Piazzale M. Giangi No.2, ZIP code 47890.

The treatment of data, which can be made also with the help of electronic means, has the unique purpose of managing the member application to the Association, the provision of any services offered to the same and allow communication between the member and the Association.

In particular the e-mail address is required for communication to convene to the General Meeting and other gatherings. The data provided will not be used for purposes other than those mentioned above, not will be transmitted to any third parties except for the needs closely related to those specified above. In relation to the processing of the data, the interested person may exercise the rights provided by law, but any request for cancellation or destruction of the same shall result in the immediate annulment of membership.

Consent
I declare that I have been informed of my rights and I give my consent for the processing of the data as described above in the Information Notice.

Signature: _____



MEMBERSHIP FEE PAYMENT

1° METHOD

WIRE TRANSFER

BENEFICIARY: ASSOCIAZIONE "WUSME"

BANK: CASSA DI RISPARMIO DELLA REPUBBLICA DI SAN MARINO S.p.A.

BRANCH: AGENZIA SERRAVALLE

IBAN: SM 17 A 06067 09802 000020112378

SWIFT CODE: CSSMSMSM

DESCRIPTION: NAME - MEMBERSHIP YEAR 2020

2° METHOD

PAYPAL

Address your payment to the following account headquarters@wusme.org