



MEMBERSHIP APPLICATION

Application made for:

- Corporate Membership - permanent
- associate

(please tick relevant field)

Full name of the organization

Address:

Street Building.....

City.....Postal Code:.....

Country

Head of the organization:

Name.....First Name :

Position in organization.....

Direct telephone number:Fax number:.....

E-mail address:

Other person to be contacted in matters concerning the BIBC.:

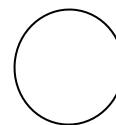
Name.....First Name.....

Title.....

Direct telephone numberFax number.....

E-mail address

Date:Signature of the Head of organization.....



place for a seal

Please kindly send your Application to BIBC Secretariat
by fax : +(322) 374-3282
or by poste: Brussels International Banking Club
Avenue du Vieux Cornet, 11
B-1180 Brussels
Belgium