

**MEMBERSHIP FORM 2016
ORGANIZATIONS**

Organisation Name :

Street :

Address :

Zip Code : City : Country :

Phone : Fax :

Email : Website :

ID VAT :

Core business :

Staff of the legal entity (Head office + facilities) :

NDE/NDT Staff (Head office + facilities) :

Hereby apply for membership to COFREND as organization :

- Corporations : Services providers in NDE/NDT Manufacturers and distributors of NDE/NDT devices
 Manufacturing industries
 Non-profit

Annual subscription according to the numbers of employees in the company :

- | | | |
|--|------------------|--|
| <input type="checkbox"/> Companies with more of 1500 employees | 1595 € HT | (Whether 1914,00 € TTC until 31/12/2016) |
| <input type="checkbox"/> Companies with 251 to 1500 employees | 1065 € HT | (Whether 1278,00 € TTC until 31/12/2016) |
| <input type="checkbox"/> Companies with 51 to 250 employees | 430 € HT | (Whether 516,00 € TTC until 31/12/2016) |
| <input type="checkbox"/> Companies up to 50 employees | 165 € HT | (Whether 198,00 € TTC until 31/12/2016) |

Head of legal entity :

Mrs/M. (Name, SURNAME) : Email.....

Nominee of the company :

Mrs/M. (Name, SURNAME) :

Function : Certified : NO YES / if yes, which method :

Address :

Zip Code : City : Country :

Phone : Fax : Email:.....

Second nominees :

Mrs/M. (Name, SURNAME) :

Function : Certified : NO YES / if yes, which method :

Address :

Zip Code : City : Country :

Phone : Fax : Email:.....

Mrs/M. (Name, SURNAME) :

Function : Certified : NO YES / if yes, which method :

Address :

Zip Code : City : Country :

Phone : Fax : Email:.....

Useful contacts information :

Accountant - Mrs/M. (Name, SURNAME) : Email.....

HR - Mme/M. (Name, SURNAME): Email.....

Marketing - Mrs/M. (Name, SURNAME, Phone) : Email

Upon receipt of payment of your membership, you become a member of the COFREND and can take part in the statutory life of the Confederation, your membership period , valid from 1 January to 31 December 2016 without prorating the amount will entitle you to services such as :

- Subscription to the magazine Contrôles-Essais-Mesures,
- Presentation of your company in the members' Directory and on the NDE website,
- Privileged access to the COFREND site with a hyperlink rediecting the visitor to your own website,
- Advertising on the COFREND website,
- Free publication of your job vacancies on the COFREND site,
- Exclusive member discount on certification exam fees (member fees for exams are validated only upon reception of your payment),
- Member discount on price for COFREND publications,
- Invitation to participate to Regional, National and International Conferences,
- Exhibition opportunities at discount rates for the COFREND Days and Regional or Technical events,
- Reduced member rates for booth reservation during the COFREND Days exhibition,
- Participation in the activities of Commissions, Technical Groups and Regional Committees,
- Right to use the COFREND brand name (on request and to the condition of signing the Commitment Charter for the use of the COFREND logo).

 Payment by check Payment by bank transfer : COFREND

COFREND					
Domiciliation : BRED PARIS AGENCE RAPEE					
RIB	Banque	Agence	N° de compte	Clé	
10107	00118	00621022667	69		
IBAN	FR76 1010 7001 1800 6210 2266 769	BIC	BREDFRPPXXX		

Send this form to :

COFREND (Adhésions) / Maison des END - 64, rue Ampère 75017 PARIS – France
or by email to direction@cofrend.com

 I have read the statutes of the COFREND Association (Consultable online on the site www.cofrend.com)

Date :

Name and title :

Company stamp :

Signature :