

I WOULD LIKE TO BECOME AN ASSOCIATED MEMBER OF THE NORDIC CHAMBER OF COMMERCE IN CROATIA

APPLICANT DATA	
COMPANY NAME:	
FIRST NAME, LAST NAME:	
POSITION/TITLE:	
ADDRESS:	
TELEPHONE:	
FAX:	
E-MAIL:	
PARENT COMPANY'S NAME AND ADDRESS (if any):	
LEGAL FORM OF COMPANY REGISTRATION IN CROATIA:	
YEAR OF REGISTRATION:	
MAIN BUSINESS ACTIVITY:	
TOTAL NUMBER OF EMPLOYEES (in Croatia):	
REFERRED BY:	

TYPE OF MEMBERSHIP	
<input type="checkbox"/> INSTITUTION AND NON-PROFIT ORGANIZATIONS	<p>Institutions and non-profit organizations - legal entities registered in Croatia or in one of the countries defined by article 13.2 of the Nordic Chamber of Commerce Statute, which according to the opinion of the Board of Governors and Executive Director fulfill the conditions to become a member of the Nordic Chamber of Commerce. Institutions and non-profit organizations are entitled to one voting representative at the General Assembly.</p>
<input type="checkbox"/> BUSINESS ASSOCIATE MEMBER	<p>Business associate member is a legal entity registered in Croatia or a foreign legal entity defined by article 13.2 of the Nordic Chamber of Commerce Statute, which according to the opinion of the Board of Governors and Executive Director fulfill the conditions to become a member of the Nordic Chamber of Commerce.</p> <p>The annual fee depends on the total turnover:</p> <p><input type="checkbox"/> An organization with a total turnover more than HRK 60 million Annual fee is 15.000 HRK Member is entitled to one voting representative at the General Assembly.</p> <p><input type="checkbox"/> An organization with a total turnover between HRK 16 -60 million Annual fee is 10.000 HRK Member is entitled to one voting representative at the General Assembly.</p> <p><input type="checkbox"/> An organization with a total turnover less than HRK 16 million Annual fees is 5.000 HRK Member is entitled to one voting representative at the General Assembly.</p>

REPRESENTATIVE 1		REPRESENTATIVE 2	
COMPANY NAME:		COMPANY NAME:	
FIRST NAME, LAST NAME:		FIRST NAME, LAST NAME:	
POSITION/TITLE:		POSITION/TITLE:	
ADDRESS:		ADDRESS:	
TELEPHONE:		TELEPHONE:	
FAX:		FAX:	
E-MAIL:		E-MAIL:	

WHY WOULD YOU OR YOUR ORGANIZATION LIKE TO JOIN THE NORDIC CHAMBER OF COMMERCE?

WHAT DO YOU EXPECT FROM MEMBERSHIP IN THE NORDIC CHAMBER OF COMMERCE?

WHAT KIND OF RELATIONS DO YOU HAVE TO THE NORDIC COUNTRIES?

WHAT WILL BE YOUR CONTRIBUTION TO AND/OR ACTIVITIES WITH THE NORDIC CHAMBER OF COMMERCE?

WHAT CAN YOU OFFER OF PRODUCTS/SERVICES?

KEYWORDS:

I HAVE ENCLOSED WITH THIS APPLICATION COPIES OF THE FOLLOWING DOCUMENTS:

- THE EXCERPT FROM THE COURT REGISTER FOR MY COMPANY IN CROATIA**
(in Croatian: Izvod iz sudskog registra)
- THE STATISTICAL NUMBER OF MY COMPANY**
(in Croatian: Obavijest o razvrstavanju Statističkog zavoda)
- THE ANNUAL STATISTICAL REPORT OF MY COMPANY**
(in Croatian: Godišnje financijsko statističko izvješće)
- I UNDERSTAND THAT THIS APPLICATION WILL BE SUBMITTED FOR APPROVAL TO THE BOARD OF GOVERNORS.**
- I HEREBY ALLOW AND AGREE THAT THE ABOVE-MENTIONED WILL BE PUBLISHED IN THE INTERNAL DATABASES, TO WHICH MEMBERS WILL HAVE ACCESS THROUGH THE SECOND INTERFACE AT THE WEB PAGE ONLY FOR MEMBERS.**
- I HEREBY ALLOW AND AGREE THAT THE ABOVE-MENTIONED CONTACT DATA CAN BE USED BY THE BOARD OF GOVERNORS/EXECUTIVE OFFICE OR THE MEMBERS OF THE NORDIC CHAMBER OF COMMERCE FOR ESTABLISHING CONTACT AND BUSINESS RELATIONS.**
- HEREBY, I CONFIRM THAT I HAVE READ THE STATUTE OF THE NORDIC CHAMBER OF COMMERCE IN CROATIA, THAT I UNDERSTAND ITS TERMS AND CONDITIONS, INCLUDING RIGHTS, DUTIES AND OBLIGATIONS, AND THAT I AGREE TO BE BOUND BY THEM.**

DATE:	SIGNATURE:

PLEASE RETURN TO:

NORDIC CHAMBER of COMMERCE in CROATIA

Radnička cesta 52
10000 Zagreb
Croatia

telephone **+385 1 5393 751**

fax **+385 1 5393 754**

e-mail **office@nordicchamber.hr**