



CONSEIL d'AFFAIRES ALGERO-NEERLANDAIS

CAAN

MEMBERSHIP FORM

Company Name :		Legal status :
Company Address :		
PO Box :	City :	Country :
Phone :		Fax :
E-mail :		Web :
Number of employees :		Annual turnover :

General Manager :

Surname, Name :	Position :
Email :	Cell phone :

GM Assistant / General Contact :

Surname, Name :	Position :
Email :	Cell Phone :

Sector :

Profession :	<input type="checkbox"/> Production <input type="checkbox"/> Distribution <input type="checkbox"/> Agriculture <input type="checkbox"/> Logistics <input type="checkbox"/> Energy <input type="checkbox"/> Other
Company activities:	

Membership fees :

The fees are calculated based on the offered services (check the correct box)

<input type="checkbox"/>	From 06 to 100 Employees	50.000 DZD
<input type="checkbox"/>	More than 100 Employees	100.000 DZD

Please indicate payment :

<input type="checkbox"/>	By Cheque	Beneficiary :
<input type="checkbox"/>	By Transfer	Account N° :

This membership shall be renewed each year by tacit agreement, unless explicitly notified in writing one month before the expiry of the membership.

Signature

Company seal

Place Date/...../.....