

Application for Membership in the Czech-Macedonian Association of Commerce (CMAC)

We hereby apply for membership in the Czech-Macedonian Association of Commerce:

printed CMAC Members Company (according to the Comm	ship List - publicly ava	-	AC website and for the
Alternative title ¹ :			
The address of the registered office	(street, number, postcode, city	y):	_
IČ:	DIČ:		_
Contact person (List of members) ² :		Languag e(s):	
Telephone (Members list) ² :			. ,
E-mail (Members list) ² :		Internet:	
Company description (max. 190 cha	racters including spaces):		
Enter the NACE 1) code ³ : in the case of presentation of a memb	er under a name or brand othe	3) 4) r than his/her business name l	•
e.g. enquiries and requests from other under these field codes the member wi 2. Annual membership fe	Il be listed in the CMAC Members	·	to tille percent
Details of membership are containttps://cdn.shopify.com/s/files/1/078711233		ko makedonska asociao	ee obchodu z.spdf?v=16
The amount of dues is set by the Bos published on the Association's weat the member's request, CMAC will issue an Membership in the Association is for one year by the end of December of the year. We consent to the publication of the above recommended the content of the publication of the above recommended that we are familiar with the word numbership fee based on the invoice issued	ebsite. In invoice for the membership fee in ar and is automatically renewed for egistered office address, contact defing of the CMAC constitution and a	EUR (CNB exchange rate on the cone year unless terminated in writing tails and company details in the property of the control	date of invoice). Ing by the member to the President int and electronic versions of the
Place, date	Function of the sig	ner Sig	nature, stamp



3. Information for CMAC's internal membership database - non-public data

Correspondence address (if different from the registered office address): Compa ny: Address (street, number, postcode, city) Contact email for electronic invoicing: Contact person for general communication with CMAC: Name: E-mail: _____ Language(s): _____ Phone: Contact person for marketing: Name: Function: E-mail: Language(s): Phone: **Contact person for press matters:** Function: Name: Language(s E-mail: Phone: Kontaktní osoba pro oblast inovací: Function: Name: Phone: Interested in receiving invitations to CMAC events: Name: E-mail: Name: E-mail: Parent/sister company in Macedonia/Czech Republic: Company, city: Company, city: Companies with a stake in your company: Company, city: Company, city: Equity holdings or branches in Macedonia / Czech Republic: Company, city: How did you hear about us? Please circle (multiple choices): from CMAC management internet from CMAC employee (name(s)): from another CMAC member (company name): otherwise (describe):