

CICIND

APPLICATION
FOR
MEMBERSHIP IN CICIND

CICIND

1.) PERSONAL DATA

FAMILY NAME: _____

FIRST NAME: _____

ADDRESS: STREET: _____ No.: _____

ADDRESS: ZIP-CODE: _____ CITY: _____

COUNTRY: _____

COMPANY NAME;- _____

POSITION IN YOUR COMPANY: _____

E-MAIL ADDRESS: _____

TEL: _____ FAX: _____

MOBILE PHONE: _____

2.) DETERMINATION OF MEMBERSHIP CATEGORY:

A: CHIMNEY OWNER

C: CONSULTING ENGINEER

B: CHIMNEY BUILDER, SUPPLIER
SUBCONTRACTOR

D: RESEARCHER, ACADEMIC

PLEASE TICK YOUR CATEGORY

3.) PAYMENT OF MEMBERSHIP FEE

IN CASE YOU INTEND TO PAY YOUR INITIAL MEMBERSHIP FEE BY CC:

CREDIT CARD No.: _____ Ex-DATE: ___/___

PLEASE SEND THIS APPLICATION FORM TO THE SECRETARY:

FAX: +49 2102 896 842

E-MAIL: SECRETARY@CICIND.ORG