I, the undersigned, as legal representative of the applicant organisation, agree to comply with the Constitution of CCIVS. I accept the rules and procedure to apply for CCIVS membership.

I certify that all information contained in this application is correct to the best of my knowledge and am aware of the content of the annexes to the application form.

The Legal Representative (name and signature):

Date and place:

Official stamp:

For the amount of the annual membership subscription, please refer to the document called "Membership fees and International Solidarity Fund".

Payment by bank transfer
Account holder: CCSVI
Address: CCSVI C/O UNESCO
1 Rue Miollis 75015 Paris
Name of the bank :Société Générale
Address of the bank : Paris Fontenoy
IBAN: FR76 30003 03301 00037270135 41
SWIFT Code: SOGEFRPP

By Hello Asso:
https://ccivs.org/donate-2/donate-to-the-secretariat/

By Paypal:
secretariat@ccivs.org

For fluid treatment of your application please give details on your membership payment (if possible add a copy of a proof of payment).
The payment of ……. EURO + 25 EURO = ……. EURO has been made to CCIVS

Date: ……

☐ Payments by bank transfer (please indicate bank details and account holder)

……..

☐ Payment by cheque (only for France)

……..

☐ Others (please specify)

……..