



APPLICATION FORM – Full Company membership

Company

Company name

Address

Phone / Fax

E-mail

IČO / DIČ

Year of registration

Business classification
(FOR EXAMPLE:
“Legal services”,
Telecommunication, etc.)

**No. of employees
in CR / World-wide**

Country of origin

Branch offices in CR

Managing director

First name, Last name

Position / Title

Phone / Fax

E-mail

Sales / Marketing manager

First name, Last name

Position / Title

Phone / Fax

E-mail

Contact person

First name, Last name

Position / Title

Phone / Fax

E-mail



NORDIC CHAMBER
OF COMMERCE IN THE CZECH REPUBLIC

**Connection to
the Nordic countries**

**Why would you like to join
the Nordic Chamber
of Commerce?**

**What do you expect from
membership in the Nordic
Chamber of Commerce?**

**What will be your contribution
to and / or activities with
the Nordic Chamber
of Commerce?**

**What can you offer
products / services?**

- I understand that this application will be submitted for approval to the Board of Directors.
- I hereby allow and agree that the above-mentioned will be published on the web page.
- I hereby allow and agree that the above-mentioned contact data can be used by the Board members and Executive office of the Nordic Chamber of Commerce for establishing contact and business relations.

Place: Date:

Signature:

Please return to:

Nordic Chamber of Commerce
Zlatnická 10, 110 00 Praha 1
Tel.: 774 123 370, Fax: 226 015 885
E-mail: info@nordicchamber.cz