



Application for membership of the European Chamber of Mutual Cooperation

Member details:

- Name and surname/Company name:
- Company registration number (if it is a company):
- Contact address:
- Phone:
- E-mail:

Business Information (if it is a company):

- Main area of business:
- Description of business :
- Country of operation:

Details of interest:

- What are your main reasons for joining the European Chamber of Mutual Cooperation?
- What specific services or support do you expect from the Chamber?
- Are there specific projects or markets you would like to work with or develop?



Agree to the terms of membership:

- I agree to the terms and conditions of membership of the European Chamber of Mutual Cooperation and undertake to abide by the code of ethics and rules set by the Chamber.
- I agree to the processing of personal data for the purposes of membership and communication with the Chamber.

Date: _____

Caption: _____

This form serves as the basis for the application for membership of the European Chamber of Mutual Cooperation. Please note that the membership application form is offered free of charge, which is a great opportunity to expand your business and cooperate with European partners. After completing and submitting this form, a Chamber representative will contact you to discuss the next steps.