



Credibility In Media

MEMBERSHIP REQUEST – ASSOCIATED MEMBER

This document will be presented to the "Bureau" and the Board of Directors during their next meeting (see art. 8 Articles of the Association).

Undersigned,

Name and surname:

Function: E-mail:

If there is a second undersigned party

Name and surname:

Function: E-mail:

- asks that the company

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will be accepted as an **associated member** of the non-profit organization Center for Information on the Media (CIM) and agrees to pay the yearly membership fee of **531 €** (excl. VAT).
and

- declares to have read and agree to the internal rules of the organization, especially with regard to articles 6, 7, 9 and 10 which state that, in order to be a member, the media and agencies should subscribe to all services offered by the association that concern them.

Name of the organization:

Legal form:

VAT Number:

IBAN: BIC code:

Type of activity (advertiser, agency or media¹):

Street and number:

Postal code and city:

Country:

Phone:

Website URL:

(1) Print media are required to send to the CIM a copy of the title(s) they publish or represent.



The following person will be assigned as the Contact Manager of the CIM. This person will receive all invitations and announcements from CIM; he or she will be the first contact for the CIM.

Name and surname:

Function: E-mail:

Please indicate the relationship between your company and the individual CIM member :

☐ relationship with **an individual Media member** (majority shareholding of 50% + 1 share or linked through a service contract to another media company)

☐ relationship with **an individual Intermediary member** (service contract between Intermediaries)

Name of the individual member :

Legal form :

Type of activity (*advertiser, intermediary or media*) :

Street and number :

Postal code and city :

Name and surname of the person inside this company who can confirm this link:

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Function :

Phone : E-mail :

To be completed by the undersigned

Date:

Signature:

To be completed if there is a second undersigned party

Signature: