

CICIND would be pleased to have you as a new member. In case you want to join our association, please enter the requested data on this sheet and submit it.

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 TO THE SECRETARY OF CICIND:

Fax: +49 2102 896 842

E-MAIL: [SECRETARY@CICIND.ORG](mailto:SECRETARY@CICIND.ORG)