



# Membership Form

(\* The following information is essential to validate your membership application. They are archived internally at the CIFL and you have the right to access and rectify your data upon request, in accordance with the provisions of the CNIL.

\*COMPANY NAME : \_\_\_\_\_

\*ADDRESS : \_\_\_\_\_

\*POSTAL CODE : \_\_\_\_\_ \*CITY : \_\_\_\_\_

\*PHONE : \_\_\_\_\_ \*FAX : \_\_\_\_\_

\*EMAIL ADDRESS : \_\_\_\_\_ WEBSITE : \_\_\_\_\_

\*PRINCIPAL ACTIVITY : \_\_\_\_\_

\*NAME AND POSITION OF THE PERSON IN CHARGE : \_\_\_\_\_

\*NAME, FUNCTION AND EMAIL OF THE CIFL CONTACT : \_\_\_\_\_

\*MOTIVATIONS FOR JOINING THE CIFL : \_\_\_\_\_

\*YOUR COMPANY'S MAIN OFFER (multiple answers possible) :

INSTRUMENTATION       PRODUCTS OR CONSUMABLES       SERVICES

- \*ACTIVITIES (multiple answers possible) :

MANUFACTURING IN FRANCE     IMPORT / DISTRIBUTION     DISTRIBUTION OF GROUP PRODUCTS

\*WORKFORCE OF THE LABORATORY IN FRANCE : \_\_\_\_\_ PEOPLE

\*ANNUAL TURNOVER OF THE LABORATORY ACTIVITY IN FRANCE (N-1 base) : \_\_\_\_\_ €HT

\* COLLECTIVE AGREEMENT : \_\_\_\_\_

*Optional* : If belonging to a group, which one \_\_\_\_\_ nationality \_\_\_\_\_

*Year of creation of the company in France* : \_\_\_\_\_

DONE AT : \_\_\_\_\_ ON \_\_\_\_\_

STAMP AND SIGNATURE :

RETURN FORM TO :

CIFL - 28, rue Saint-Dominique - 75007 PARIS FRANCE • Tél. : 01.44.18.98.62 • [WWW.CIFL.COM](http://WWW.CIFL.COM)