

# Network cinfo

## Application

The undersigned organisation/institution herewith applies for membership.

It accepts the general terms and conditions of Network cinfo.

### Organisation/Institution details

Name \_\_\_\_\_

Legal form \_\_\_\_\_

Purpose \_\_\_\_\_

IC organisation

Number of employees     < 5                       5 – 50                       50 – 100

100 – 200                       > 200

Balance sheet total     < CHF 1 million     > CHF 1 million

Educational institution

Founding year \_\_\_\_\_

Head office \_\_\_\_\_

### Contact

First name \_\_\_\_\_

Last name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Place, date                      Signature (company stamp / signature)

\_\_\_\_\_



**Centre for Information,  
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