

Membership Application

for the membership in Composites United e.V. (CU) valid from 01.01.2024

Name Company/Institute

Name company line 2

Street / Number

Postcode / City / Country

Central Phone / Fax

Central E-mail

Homepage

VAT ID

We apply for the admission as a member of Composites United e.V. as

We agree to pay the admission fee in the amount of

within 30 days

after receipt of the invoice. We also undertake to pay a contribution of 1/12 of the annual fee for each full month after the acceptance of the application for admission in the year of entry and the annual fee for the following years in the amount of

to the association.

We are a "start-up". Date of foundation:

In the first 5 years after the date of foundation of the company, the membership fee is discounted by 35% according to the classification of company size. The admission fee remains unaffected by the rebate.

We are familiar with the articles of association and the rules of contribution and they are accepted.

The aforementioned dues are net plus statutory value-added tax.

The membership application can be withdrawn within 14 days.

.....
place, date, application and enclosures)

.....
(signature of authorised signatory)

Declaration of admission

The above application for membership was submitted by the Presidium of Composites United e.V. to

Berlin,.....

.....
(CEO)

Invoicing:

Paper by mail

E-mail

Billing address if different from application:

Recipient Company

Street/HSNR/PO Box

Postcode/City/Country

Department

Recipient name

E-mail address

Phone number

Only invoices with a purchase order number will be accepted

A proforma / advance invoice is required

An electronic invoice (XInvoice) is required

"Routing ID"

Mail address

Annex 1 to the Application for Membership Composites United e.V.

Contact persons

Applicant:

Company / Institute:

Authorized signatory:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

Contact Person for technical matters:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

Contact person for personnel development:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

Contact person for marketing / trade fairs

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

Membership in Clusters and Networks

Every member of the Composites United e.V. (CU) can use the range of services of the entire association as well as those of all clusters and networks. Membership automatically includes Membership in the regional department in which the member has its headquarters. In addition, each member can join other clusters and networks for active cooperation at no additional cost.

1. Active membership in Specialist Networks

We would like to actively cooperate in the following specialist Network:

Ceramic Composites - the main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

CU BAU (Construction) - main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

2. Active Membership in National Networks

We would like to actively participate in the following national network:

CC Austria – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

CC Switzerland – main contact person

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

3. Active Membership in Cluster

In addition to the regional department in whose region our company is based, we would like to actively participate in the following cluster and thus benefit from the regional information and support provided by the regional offices:

CU Baden-Württemberg – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

MAI Carbon (BY) – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

CU Nord (NI, HH, HB, SH) – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

CU Ost (MV, BB, BE, ST, SN, TH) – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

CU West (SL, HE, NRW, RP) – main contact person:

Name, First Name, Title:

Department/Position:

Phone / Mobile:

E-Mail:

Annex 2 to the Application for Membership Composites United e.V.

Data privacy statement

The Composites United e.V. collects, processes and uses the personal data of its members stated in the application exclusively for the fulfilment of the purposes and tasks permitted according to the statutes. This includes in particular membership administration and fee collection as well as information to members and invitations to events.

In addition, the name, address and logo of the member are published on the homepage of the association under "Members".

I have read and agree to the privacy policy.

.....
(Place, Date) (Signature)

For internal information

I have applied for membership of the CU on my own initiative.

I was won over to membership by a CU employee.

Name

Please send the printed and by an authorized person signed application by post to

Composites United e.V. (CU)
Geschäftsstelle Augsburg
Lydia Raab
Am Technologiezentrum 5
86159 Augsburg
Germany