

## MEMBERSHIP ACCESSION FORM

OpenRail is an international association of Belgian law (Aisbl), governed by Belgian and European regulations.

**By completing this application form, you are committing your company to becoming a full member of the OpenRail Association.**

This implies that you have read the association's Statutes, and in particular Part II - Articles 5 to 10 and Part III - Articles 11 to 13 concerning membership, members' rights and duties, that you accept them and that you undertake to respect them.

This also implies that you agree to provide the OpenRail Aisbl with your professional and personal contact information for the purposes of communication in relation to the association, and that you do this voluntarily, **in compliance with the General Data Protection Regulation (GDPR)** applicable in Europe. In this context, please note that you may at any time exercise your right of withdrawal, right to be forgotten, and any other right guaranteed by the GDPR in force<sup>1</sup>.

**Also, by signing this application form, you declare that you are an authorised signatory of your company,** and you undertake to provide us with an official document proving this (decision of the Board of Directors, power of attorney from the CEO, signature mandate, etc.).

**OpenRail declines all responsibility for false and/or misleading information provided in the context of this commitment.** All responsibility will remain with the signatory of the document and the company concerned.

### Part I : Corporate information

Company	TO BE FILLED-IN BY THE APPLICANT
Company's full name	
Company's name abbreviation (short name)	
Company's postal address (headquarters)	Number..... Street name..... Building..... Floor..... Office..... Town ..... Postal code ..... Country .....
National identification / registration number	
VAT	

<sup>1</sup> Please find the full text and key issues of the GDPR here : <https://gdpr-info.eu/>



Company's Subsidiary(-ies)	TO BE FILLED-IN BY THE APPLICANT
<b>Subsidiary's full name</b> <i>If the applicant is a subsidiary</i>	
<b>Subsidiary's name abbreviation</b>	
<b>Subsidiary's postal address</b> <i>If different than the head office</i>	Number..... Street name..... Building..... Floor..... Office..... Town ..... Postal code ..... Country .....
<b>National registration number</b> <i>If different than the head office</i>	
<b>VAT</b> <i>If different than the head office</i>	

Authorised Representative <i>(person entitled to sign contractual commitments)</i>	TO BE FILLED-IN BY THE APPLICANT
<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
<b>First name</b>	
<b>Name(s)</b>	
<b>Position in the company</b>	
<b>E-mail address</b>	
<b>Direct phone number</b>	Country code: Phone number :

2 <sup>nd</sup> Authorised Representative, if any <i>(2<sup>nd</sup> person entitled to sign contractual commitments, if any)</i>	TO BE FILLED-IN BY THE APPLICANT
<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
<b>First name</b>	
<b>Name(s)</b>	
<b>Position in the company</b>	
<b>E-mail address</b>	
<b>Direct phone number</b>	Country code: Phone number :



<b>Permanent Representative</b> <i>(possible candidate for a seat on the Board of Directors)</i>	<b>TO BE FILLED-IN BY THE APPLICANT</b>
<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
<b>First name</b>	
<b>Name(s)</b>	
<b>Position in the company</b>	
<b>E-mail address</b>	
<b>Direct phone number</b>	Country code:      Phone number :

<b>Administrative contact</b> <i>(person in charge of dealing with appointments and other administrative issues)</i>	<b>TO BE FILLED-IN BY THE APPLICANT</b>
<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
<b>First name</b>	
<b>Name(s)</b>	
<b>Position in the company</b>	
<b>E-mail address</b>	
<b>Phone number</b>	Country code:      Phone number :

<b>1<sup>st</sup> expert and/or person(s) to be contacted for current technical issues / projects</b>	<b>TO BE FILLED-IN BY THE APPLICANT</b>
<b>Title</b>	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
<b>First name</b>	
<b>Name(s)</b>	
<b>Position in the company</b>	
<b>E-mail address</b>	
<b>Phone number</b>	Country code:      Phone number :



2 <sup>nd</sup> expert(s) and/or person(s) to be contacted for current technical issues / projects	TO BE FILLED-IN BY THE APPLICANT
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
First name	
Name(s)	
Position in the company	
E-mail address	
Phone number	Country code:      Phone number :

#### Part II : Financial information

Person to be contacted for financial issues, including fees	TO BE FILLED-IN BY THE APPLICANT
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr.
First name	
Name(s)	
Position in the company	
E-mail address	
Phone number	Country code:      Phone number :

Bank information	TO BE FILLED-IN BY THE APPLICANT
Bank name	
Account owner	
IBAN	
BIC	

### Part III : Membership information

MEMBERSHIP	TO BE FILLED-IN BY THE APPLICANT	
Chosen membership category with corresponding annual fee amount for 2025	<input type="checkbox"/> Platinum	25 000 €
	<input type="checkbox"/> Gold	15 000 €
	<input type="checkbox"/> Silver	10 000 €
	<input type="checkbox"/> Associate	0 €

### Part IV : Commitment

**By signing this application form, you declare that you are an authorised signatory of your company, and you undertake to provide us with an official document proving this (decision of the Board of Directors, power of attorney from the CEO, signature mandate, etc.) in appendix to this signed document.**

Signature(s) of the Authorised Representative(s)	
First name, NAME:  Position :	Date :  Signature :  .....
First name, NAME:  Position :	Date :  Signature :  .....
Company's stamp :     .....	