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[[1]](#footnote-1).

**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 |
| **Company** | **TO BE FILLED-IN BY THE APPLICANT**  *(Subsidiaries only)* |
| **Company’s postal address**  *IF THE ACCESSING MEMBER IS A SUBSIDIARY* | Number       Street name       Building  Floor       Office  Town       Postal code  Country |
| **National identification / registration number** |  |
| **VAT** |  |

|  |  |
| --- | --- |
| **Authorised Representative** | **TO BE FILLED-IN BY THE APPLICANT** |
| **Title** | Mrs  Mr  She/her  He/him  Dr. |
| **First name** |  |
| **Name(s)** |  |
| **Position in the company** |  |
| **E-mail address** |  |
| **Direct phone number** | Country code       Phone number |

|  |  |
| --- | --- |
| **Permanent Representative, member of the Board** | **TO BE FILLED-IN BY THE APPLICANT**  *(Platinum members only)* |
| **Title** | Mrs  Mr  She/her  He/him  Dr |
| **First name** |  |
| **Name(s)** |  |
| **Position in the company** |  |
| **E-mail address** |  |
| **Direct phone number** | Country code       Phone number |
| **Expert(s) and/or person to be contacted for current technical issues / projects** | **TO BE FILLED-IN BY THE APPLICANT** |
| **Title** | Mrs  Mr  She/her  He/him  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** | **TO BE FILLED-IN BY THE APPLICANT** |
| **Title** | Mrs  Mr  She/her  He/him  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 2024** | **Platinum** | **25 000 €** |
| **Gold** | **15 000 €** |
| **Silver** | **10 000 €** |
| **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 of the Authorised Representative** | |
| First name, NAME:    Position : | Date : 05/02/2024  Signature :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company’s stamp :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. *Please find the full text and key issues of the GDPR here :* [*https://gdpr-info.eu/*](https://gdpr-info.eu/) [↑](#footnote-ref-1)