



Chambre de Commerce Albanie-Luxembourg

Dhoma e Tregtise Shqiperi-Luksemburg

Membership Application Form

1. Identification

☐ Legal Entity [Name, address, and Trade Register number]: _____

Tel and e-mail: _____

Legal Representative [Name, Surname, job position]: _____

☐ Physical Person [Name, Surname, address]: _____

Tel and e-mail: _____

2. Motivation

☐ Become an individual member in order to gratuitously support CCAL mission (only for physical person. Please send your annual registration fee of EUR50 at our Bank account IBAN: LU210019515501329000)

☐ Become member in order to financially or materially support CCAL mission (donation or other means of material support):

☐ Amount to be donated: _____ (Please send your donation at our Bank account IBAN: LU210019515501329000)

☐ Material donated/given for use: _____

☐ Become an institutional member in order to benefit from CCAL services as intermediary (Please specify) (Please send your annual registration fee of EUR250 at our Bank account IBAN: LU210019515501329000): _____

☐ Other (Please specify): _____

3. Confirmations

(To be signed by the physical person applying for membership or by the legal representative of the legal person applying for membership)

By being a member of the CCAL, I confirm that I have read and accepted the articles of incorporation and the Code of Ethical Conduct and I will respect them and I shall not make any actions against the principles and obligations coming from these documents.

I confirm that I will pay my annual membership (if applicable) within the time limits set by the CCAL and that in case of delays, I will contact CCAL.

Tel: +352 23652042

contact@ccal.lu

www.ccal.lu

282 Route de Longwy

L-4831 Rodange

Grand-Duché de Luxembourg



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I confirm that I acknowledge that my personal data will be collected and processed by CCAL for the reasons of the membership (including use of my logo for CCAL website), for development of businesses and marketing and I consent that such data is used for these purposes. I confirm that I am aware that I can contact the CCAL to have access to my personal data, to amend them in cases when they are incorrect and to request erasure in case I am no longer a member and the data is no longer needed for the purpose of membership. I confirm that I am aware that CCAL cannot transfer my personal data to third parties without my prior consent.

I confirm that I accept that CCAL can contact me to inform me about the events and other information related with the activities and membership in the CCAL.

4. How did you know about CCAL

- ☐ CCAL approached me
- ☐ Someone in my network told me about CCAL
- ☐ I learned about CCAL while navigating on internet
- ☐ Other (Please specify): _____

Signature: _____

Date: _____

RESERVED FOR CCAL:

Date: __/__/__

☐ APPROVED

☐ REJECTED

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