**2022 CCIFT MEMBERSHIP**

**APPLICATION FORM**

**Corporate Identity** 公司資料

|  |
| --- |
| Company Name (En) / 公司名稱(中文) |
| Company Address公司地址 |
| General Tel: | E-mail: |
| General Fax: | Website: |
| Origin Country公司國籍: |
| Number of Staff in Taiwan職員人數: |
| - The logo must be in **AI file** of at least **300 dpi resolution**.- The CEO’s Photo must be in **JPEG file**.- Please send above files to e-mail (pr@ccift.org.tw).圖檔請另外以附件檔寄出。 |
| Activities / 公司介紹Please write a short description of your company’s activities (300 words maximum). 公司介紹250字以內 |

**Legal Status (Optional)** 法人身分(可選填)

|  |  |  |
| --- | --- | --- |
| **1.** Parent Company (if any) 母公司(若有) | Name: |  |
| Location: |  |

Concerning the Legal Status and According to Taiwan Law, the Following Options Are Available:

|  |
| --- |
| □ Representative Office (Can Only Act as a “Mail Box” or “Show Window” and Gatherer or Deliverer of Information; Cannot Have a Commercial Activity) |
| □ Branch Office (Not a Separate Legal Entity From the French Operator: in French “Succursale”) |
| □ Independent Company Incorporated in ROC |
| □ Agent’s Contract |

**Contacts in the Company**主要連絡人

|  |
| --- |
| **CEO** |
| Title (Mr/Mrs/Ms) 職稱: | Name (En) 英文姓名: |
| Position職位: | Name (Ch) 中文姓名: |
| E-mail:  | Contact Number |

|  |
| --- |
| **Main Contact with CCIFT** |
| Title (Mr/Mrs/Ms) 職稱: | Name (En) 英文姓名: |
| Position職位: | Name (Ch) 中文姓名: |
| E-mail:  | Contact Number |

|  |
| --- |
| **Financial Manager (Optional)** |
| Title (Mr/Mrs/Ms) 職稱: | Name (En) 英文姓名: |
| E-mail: | Name (Ch) 中文姓名: |
| Ext #分機#: | Cellphone Number: |

**Membership Categories**

Please Check The Category Of Membership You Are Applying For *(Refer To The Attached Documents For Details)*:

|  |
| --- |
| □ Benefactor白金會員-70,000 TWD |
| □ Corporate Ordinary一般企業會員-36,000 TWD |
| □ SME\* Ordinary一般中小企業-20,000 TWD |

\*SME membership is exclusive to a company that employs up to 15 employees in Taiwan and does not belong to, or use the commercial and corporate information of a multinational group. This category entitles every employee to benefit from member rate.

**Authorized Representative** 主管簽名

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name 姓名 Signature 簽名 Date 日期