



(the “Association”)

**MEMBERSHIP SUBSCRIPTION FORM**

Membership type:  Corporate  
 Personal

Name of the Organisation / First Name and Last Name (of an applicant being a natural person):

Corporate form / Profession (of an applicant being a natural person):

Address:

Country of Registration/Nationality (of an applicant being a natural person):

RCS Number or other registration number:

Telephone:

E-mail:

First Name and Last Name of the Permanent Representative\*:

Phone number of the Permanent Representative:

E-mail address of the Permanent Representative:

\*a person appointed to represent the corporate member in accordance with Article 5 of the Articles of Association.

By signing this form the applicant:

- (a) expresses its/her/his wish to become a member of the Association;
- (b) confirms to have read the Articles of the Association and agrees to be bound by them and by any other internal document adopted by the Association;
- (c) undertakes to make the membership contribution (in the amount of EUR 7,500 in the case of a corporate membership / membership fee for personal membership will be provided upon request) as soon as practicable upon acceptance of this application (payment details will be provided together with the notification of such acceptance);

In \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Organisation:

Name:

Position:

Please send the complete and duly signed Membership Subscription Form to [info@luxcma.lu](mailto:info@luxcma.lu). In the case of applicants for personal membership, please also provide evidence of professional occupation relating to the capital market industry.