



## REQUEST FOR MEMBERSHIP

### Company / Institution details

**Company / Institution:** .....

**Type of Business:** .....

**Address:** .....

**City:** .....

**Postal Code:** .....

**Country:** .....

**Country of Registration:** .....

**Phone Number:** .....

**E-mail address:** .....

**Website:** .....

### Completed by

**Full Name:** .....

**Position held:** .....

**Address:** .....

**Phone Number :** .....

**E-mail address:** .....

**Date:** .....

**Signature:** .....

INTERPOL/CCSD will verify your application and send you a confirmation of membership in due time.  
Please send completed form to the following address: INTERPOL/CCSD, 200 Quai Charles De Gaulle, 69006 Lyon, France.