

Membership application

Company name: _____	
Branch and type of activity: _____	
Year of registration in the Commercial Register: _____	
Legal form of organization and amount of share capital (SA, Sàrl, and Société cooperative): _____	
Street address (address + postal code): _____	
Postal address (post office box + postal code): _____	
Telephone: _____	Fax : _____
Web address: _____	Email : _____
Part of a Group:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the Group: _____	
Headquarters address: _____	

Number of employees in the canton of Vaud: _____ of which _____ are apprentices

Person(s) in charge of the company (first name, last name, position):

The CVCI was recommended to you by : _____

CVCI social funds to which your company would like to subscribe.

- Caisse de compensation AVS/AI/APG
(AVS = social security old age and survivors' insurance; AI = disability insurance;
APG = Compensation fund for loss of income due to service or maternity leave)
- Caisse d'allocations familiales (family benefits).

Social funds with which your business is already affiliated: _____

The signer(s) has(have) read the financial conditions and promise to pay the entrance fee and the annual dues according to the schedule of rates in effect.

Place and date:

Signature(s):
