

## MEMBERSHIP ACCESSION FORM

OpenRail is an international association of Belgian law (Aisbl), governed by Belgian and European regulations.

**By completing this application form, you are committing your company to becoming a full member of the OpenRail Association.**

This implies that you have read the association's Statutes, and in particular Part II - Articles 5 to 10 and Part III - Articles 11 to 13 concerning membership, members' rights and duties, that you accept them and that you undertake to respect them.

This also implies that you agree to provide the OpenRail Aisbl with your professional and personal contact information for the purposes of communication in relation to the association, and that you do this voluntarily, **in compliance with the General Data Protection Regulation (GDPR)** applicable in Europe. In this context, please note that you may at any time exercise your right of withdrawal, right to be forgotten, and any other right guaranteed by the GDPR in force<sup>1</sup>.

**Also, by signing this application form, you declare that you are an authorised signatory of your company,** and you undertake to provide us with an official document proving this (decision of the Board of Directors, power of attorney from the CEO, signature mandate, etc.).

**OpenRail declines all responsibility for false and/or misleading information provided in the context of this commitment.** All responsibility will remain with the signatory of the document and the company concerned.

### Part I : Corporate information

Company	TO BE FILLED-IN BY THE APPLICANT
Company's full name	
Company's name abbreviation (short name)	
Company's postal address (headquarters)	

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<sup>1</sup> Please find the full text and key issues of the GDPR here : <https://gdpr-info.eu/>



Company	TO BE FILLED-IN BY THE APPLICANT
Company's postal address <i>IF THE ACCESSING MEMBER IS A SUBSIDIARY</i>	
National identification / registration number	
VAT number	

Authorised Representative	TO BE FILLED-IN BY THE APPLICANT
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr
First name	
Name(s)	
Position in the company	
E-mail address	
Direct phone number	

Permanent Representative, member of the Board	TO BE FILLED-IN BY THE APPLICANT <i>(Platinum members only)</i>
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr
First name	
Name(s)	
Position in the company	
E-mail address	
Direct phone number	



Expert(s) and/or person to be contacted for current technical issues / projects	TO BE FILLED-IN BY THE APPLICANT
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr
First name	
Name(s)	
Position in the company	
E-mail address	
Phone number	

#### Part II : Financial information

Person to be contacted for financial issues	TO BE FILLED-IN BY THE APPLICANT
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> Dr
First name	
Name(s)	
Position in the company	
E-mail address	
Phone number	

Bank information	TO BE FILLED-IN BY THE APPLICANT
Bank name	
Account owner	
IBAN	
BIC	



## Part III : Membership information

MEMBERSHIP	TO BE FILLED-IN BY THE APPLICANT	
Chosen membership category with corresponding annual fee amount for 2024	<input type="checkbox"/> <b>Platinum</b> ( <i>companies</i> )	<b>25 000 €</b>
	<input type="checkbox"/> <b>Gold</b> ( <i>companies</i> )	<b>15 000 €</b>
	<input type="checkbox"/> <b>Silver</b> ( <i>companies</i> )	<b>10 000 €</b>
	<input type="checkbox"/> <b>Associate</b> ( <i>NGOs, academic institutions</i> )	<b>0 €</b>

## Part IV : Commitment

By signing this application form, you declare that you are an authorised signatory of your company, and you undertake to provide us with an official document proving this (decision of the Board of Directors, power of attorney from the CEO, signature mandate, etc.) in appendix to this signed document.

Signature of the Authorised Representative	
First name, NAME:  _____	Date : ____/____/_____  Signature :  _____
Position :  _____	Company's stamp :  _____