



Organization Membership Application Form				
Organization	Name			
	Street			
	City			
	Postal Code			
	Country			
LIGFI Coordinator of the Organization	First & Last Name			
	Position			
	Phone Number			
	Email Address			
Nature of the Activity and Membership of the Organization	Description of Activity			
	Regular LIGFI Member Group	Public and Private Institutions		Please tick one box
		Financial Sector and Professional Services		
		Academe		
	LIGFI Charter Member	Yes		Please tick one box
No				
Conditions of Membership	The Organization fully accepts to abide by the LIGFI Statutes		Yes	Please tick one box
			No	
	The Organization fully accepts to abide by the highest standards of professional excellence and ethical conduct within and outside its Organization		Yes	Please tick one box
			No	
	The Organization fully accepts to actively support and contribute to the LIGFI activities		Yes	Please tick one box
			No	
	The Organization fully accepts to actively participate in the LIGFI Work Committees and Taskforces in a collaborative spirit and with respect for views and opinions of the other participants		Yes	Please tick one box
			No	
Signature of the LIGFI Coordinator of the Organization	Signature			
	Date			