

APPLICATION
for delegates of legal person Members of the Arbitration Association of Central and Eastern Europe (ArbCEE)

1. **Full Name**

2. **Gender**

Male Female Other Prefer not to say

3. **Date of birth**

4. **Current Professional Position(s)** (please add lines as necessary)

Place of Employment, Position, other details

5. **Nationality(ies)**

6. **Residence**

7. **Jurisdictions where admitted to practice, if applicable**

8. **Contact details**

Email(s):	
Postal address:	
Telephone:	
Link(s) to public profile / web site:	

9. **Please describe your interest, affinity or attachment to Central and Eastern Europe**

10. **Do you respect the rule of law and international order in your professional life/activity?**

Yes No

11. **Do you meet high professional and ethical standards?**

Yes No

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12. Compliance with the Association’s Articles of Association and internal regulations

<input type="checkbox"/>	I hereby accept the objectives of the Association and commit to comply with the obligations arising from the Association’s Articles of Association and internal regulations as adopted from time to time, with the exception of the obligation to pay the membership fee.
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13. Personal data

<input type="checkbox"/>	I hereby consent that the personal data provided in this application may be processed by ArbCEE for the purposes of my membership, providing me with information and services related to ArbCEE’s activities and objectives, and complying with any legal obligations. I also consent to the publication of my name and professional biography on the website of ArbCEE. This consent may be withdrawn at any time by contacting ArbCEE at contact@ArbCEE.org . The consequence of any such withdrawal will be that my data will no longer be processed by ArbCEE. For further information, see our privacy notice at http://www.arbcee.org .
<input type="checkbox"/>	I hereby consent to receive electronic communications (including in particular by email) from ArbCEE informing me about upcoming events, webinars, news, insights or sponsorship opportunities or requesting feedback or participation in surveys. This consent may be withdrawn at any time by contacting ArbCEE at contact@ArbCEE.org .

14. Attach your CV.

15. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to termination of my delegate status in ArbCEE in case of my admission.

16. Date

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