



International Pipe Line & Offshore Contractors Association (IPLOCA)

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IPLOCA MEMBERSHIP FORM Corresponding Member (CM)

NAME OF COMPANY:

NAME OF REPRESENTATIVE

TITLE OF REPRESENTATIVE

ADDRESS

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TELEPHONE FAX

WEBSITE E-MAIL

ALTERNATE CONTACT NAME

TITLE

ADDRESS

.....

.....

TELEPHONE FAX

WEBSITE E-MAIL

NAME OF FIRST INVITING MEMBER COMPANY

NAME OF REPRESENTATIVE

ADDRESS

.....

.....

TELEPHONE FAX

WEBSITE E-MAIL

NAME OF SECOND INVITING MEMBER COMPANY

NAME OF REPRESENTATIVE

ADDRESS

.....

.....

TELEPHONE FAX

WEBSITE E-MAIL

WE ACKNOWLEDGE THE IPLOCA BY-LAWS, HEALTH & SAFETY AND SOCIAL & ENVIRONMENTAL POLICIES (ref. www.iploca.com)

WE AGREE TO BE LISTED ON THE IPLOCA WEBSITE AND IN THE IPLOCA YEARBOOK: YES NO

Name of CM Representative: Title:

Signature: Date:

N.B.: THERE IS NO MEMBERSHIP FEE FOR CORRESPONDING MEMBERS

Date of IPLOCA Board Approval: