

Application Form Corporate, Affiliated & Individual Membership

First Name: _____	Last Name: _____
F <input type="checkbox"/> M <input type="checkbox"/> Date of birth: _____	Nationality: _____
Professional details:	
Name of the Organization: _____	
Position: _____	Address: _____
Zip Code + City: _____	Country: _____
Pro. Phone: _____	Mobile Phone: _____
Pro. e-mail: _____	
Home Address: _____	
Zip Code + City: _____	Country: _____
Home e-mail: _____	

I hereby apply to become a member of the “*Institut Luxembourgeois des Administrateurs*”:

as a **Corporate member**:

I declare that I am a member of the managerial and/or of the supervisory body of one or several corporate entities or companies, the list of which is being attached to this application. I declare that I have not been fined, nor permanently or temporarily prevented from acting as a director of any entity required to be registered under any law or regulation.

- 1st category:** **EUR 5,000*** (max. 40 affiliated members)
 - Institutional sponsors, in particular those carrying out work for ILA’s commissions.
 - Listed companies whose market capitalization is superior to EUR 500 million.
- 2nd category:** **EUR 1,350*** (max. 6 affiliated members)
 - Listed companies whose market capitalization is less than EUR 500 million.
 - Large unlisted companies (workforce ≥ 100 or share capital ≥ EUR 10 million).
 - Investment funds/Management Companies that have over EUR 1 billion in assets under management.
- 3rd category:** **EUR 680*** (max. 3 affiliated members)
 - Small and medium-sized companies (workforce ≤ 100 or share capital ≤ EUR 10 million).
 - Investment funds/Management Companies that do not fall within 2nd category criteria.

For all 3 categories, additional affiliated member: + EUR 50*

Corporate membership applicants only:

- I attach the board composition of the Organization
- I attach the by-laws of the Organization
- I complete the form to affiliate members (*excel sheet available on www.ila.lu*)

as an **Affiliated member** under the corporate membership of:
Organization name: _____

as an **Individual member** **EUR 300 ***

I hereby apply to become a member and I undertake to comply with the by-laws of the “*Institut Luxembourgeois des Administrateurs*”. I understand that the association is open to directors of companies doing business in all fields, as well as to any other physical or moral entity concerned with corporate governance. I declare that I have not been fined, nor permanently or temporarily prevented from acting as a director of any entity required to be registered under any law or regulation. **I commit to apply the principles of the ILA Code of Conduct to their best extent when acting as a Director.**

Individual membership applicants only:

- I attach the signed ILA Code of Conduct
- I attach my CV (including the current list of my directorships)
- The following two members of ILA have accepted to sponsor my application.
One of them must be a member of the ILA Board of Directors.

First sponsor **Mr. /Mrs.:** _____ **Signature**

Second sponsor **Mr. /Mrs.:** _____ **Signature**

In order to improve our communication, we would like you to specify your sector of activity:

- | | |
|--|---|
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Funds |
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Independent Director | |

Printed Name: _____

Date and Location: _____ **Signature**

** This amount is an annual fee*