

# Fax to CC-Link Partner Association



To join CC-Link Partner Association (CLPA), please fill out the CLPA Membership Application Form and fax to your local CLPA office below. "CC-Link Partner Association Membership Certificate" will be issued in a couple of weeks after your application form is accepted.

**\*\*\*\*\* Fax to CLPA office \*\*\*\*\***

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| <ul style="list-style-type: none"> <li>■ CLPA-HQ (Japan): +81-52-916-8655</li> <li>■ CLPA-Europe (Germany): +49-2102-4861751</li> <li>■ CLPA-Korea (Korea): +82-2-3660-9509</li> <li>■ CLPC-ASEAN (Singapore): +65-64767439</li> </ul> | <ul style="list-style-type: none"> <li>■ CLPA-Americas (U.S.A): +1-847-876-6611</li> <li>■ CLPA-Taiwan (Taiwan): +886-2-89901572</li> <li>■ CLPC-China (China): +86-21-64940525</li> </ul> |
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## CC-Link Partner Association Membership Application

Type of Application	1. New    2. Change – CLPA #ID _____		(Existing members)
Company Name			
Address			
City, State, Country	http://www.		
Representative (Higher than Dept. manager)			
Title			
Primary Contact			
Title		Department	
Address (If different)			
City, State, Country			
Telephone		FAX	
E-Mail address			
Eng. Contact			
Title		Department	
Address (If different)			
City, state, Country			
Telephone		FAX	
E-Mail			
Membership Category Desired (Check One)	<input type="checkbox"/> Board Member (annual dues / initiation fee: Please contact your local CLPA office) <input type="checkbox"/> Executive Member (annual dues: Please contact your local CLPA office) <input type="checkbox"/> Regular Member (annual dues: Please contact your local CLPA office) <input type="checkbox"/> Registered Member (no annual dues)		
Include my Company in CLPA Published Listings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for joining CLPA			
Comment			

By signing below, the undersigned Company Officer agrees to the Terms and Conditions of the CC-Link Partner Association (CLPA) Membership Agreement.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_