



## UITIC MEMBERSHIP FORM

**TO BE RETURNED TO**  
**THE GENERAL SECRETARY**

**Ms Françoise NICOLAS**  
**CTC**

**4, rue Hermann Frenkel**  
**69367 Lyon cedex 07**  
**France**

**ORGANISATION NAME**

**TYPE OF ORGANISATION**

Technician Association  
Number of members

Technical Center

Private Company

Individual

**REPRESENTATIVE PERSON**

**FUNCTION IN THE ORGANISATION**

**Address**

**Phone**

**Fax**

**Email**

I/we wish to become a member of UITIC (International Association of Shoe Industry Technicians).

Date

Signature