



MEMBERSHIP APPLICATION FORM

NAME OF INSTITUTION : _____

ADDRESS _____

NATURE OF ACTIVITY : _____

NAME AND DESIGNATION OF CONTACT PERSON : _____

ADDRESS (if other than above Institution) : _____

TEL : _____ **FAX :** _____ **E-MAIL :** _____

Web Site : _____

On behalf of the above Institution, I wish to apply for membership in IASIA. I understand that this application will be considered by the Board of Management of the Association at its next meeting. If the application is approved by the Board, we shall be informed as soon as possible. I undertake to pay the annual membership subscription* on receipt of an invoice from IASIA.

Date : . . / . . / . .

Signature :

* The membership subscription fee for 2009 is 312,35 Euros. The subscription fee is 234,26 Euros for the Institutions already member of IIAS.
