

## NATIONAL SECTION

### Membership Procedures and Requirements

To be sent to IIAS: An official letter requesting membership and stipulating that the State agrees to comply with IIAS Statutes, together with the Statutes of the organization.

National Sections in Member States \*: Approval of the Council of Administration required. Annual subscription fee - minimum: 76 €.

National Sections in non-Member States: Approval of the Council of Administration and the General Assembly required. Annual subscription fee: 40% of the amount of the State contribution - minimum: 572 €. Maximum: the highest contribution payable by any one of the IIAS Member States.

It is highly recommended that candidate organizations seeking IIAS National Section membership enclose activity reports, projects accomplished, as well as any document that might illustrate their national characteristic or establishment.

**\*IIAS Member States:**

AUSTRIA, BAHRAIN, BELGIUM, BRAZIL, CAMEROON, CHINA, CROATIA, CYPRUS, CZECH REPUBLIC, DOMINICAN REPUBLIC, EGYPT, FRANCE, GERMANY, GREECE, HUNGARY, INDIA, INDONESIA, ITALY, JAPAN, KOREA (REPUBLIC OF), LEBANON, LUXEMBURG (GRAND DUCHY OF), MALTA, MOROCCO, NAMIBIA, POLAND, SAN MARINO, SAUDI ARABIA, SOUTH AFRICA, SPAIN, SWITZERLAND, TUNISIA, UNITED ARAB EMIRATES, and VATICAN CITY STATE (HOLY SEE)

**National Section Membership form**

To be returned to: Ms Anne De Boeck, IIAS Executive Secretary and Events Officer  
International Institute of Administrative Sciences (IIAS)  
Rue Defacqz, 1 Box 11, B - 1000 Brussels, Belgium  
Tel: +32-2-536.08.88 – Fax: +32-2-537.97.02 – E-mail: [a.deboeck@iias-iisa.org](mailto:a.deboeck@iias-iisa.org)

NAME OF INSTITUTION:

---

---

ADDRESS:

---

---

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GEOGRAPHIC FIELD\*:

International

National

Regional

Local

DATE OF ESTABLISHMENT: \_\_\_\_\_

LEGAL STATUS: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

FINANCING: \_\_\_\_\_

CHAIRMAN: \_\_\_\_\_

SECRETARY-GENERAL: \_\_\_\_\_

NAME OF THE CORRESPONDENT OF THE ORGANIZATION TO LIAISON WITH IIAS:

MEMBERSHIP (CATEGORIES, MEMBERS: PRACTITIONER (ADMINISTRATOR/  
MANAGER) AND ACADEMICS (PROFESSOR, RESEARCH), NUMBER OF  
MEMBERS\*:

ACTIVITY PROGRAMME\*: \_\_\_\_\_

ACTIVITIES CARRIED OUT DURING THE LAST THREE YEARS\*: \_\_\_\_\_

PERSONS AND/OR INSTITUTIONS RECOMMENDING IIAS MEMBERSHIP TO THE  
CANDIDATE ORGANIZATION:

Should like to become a National Section of IIAS, as from \_\_\_\_\_

Agrees to conform to the Statutes of IIAS.

(\*) Documents to enclose:

Statutes

Programme / Activity reports

List of Members

Publications

Review

Miscellaneous (please give details) \_\_\_\_\_

Date: ---- / ---- / 200----      Signature: \_\_\_\_\_