



## Membership Registration Form – Full Member

### Organization Information

#### Full Name of the Organization

Registered in which Country?	Year Founded
Address	
Email	
Executive Director/Chairperson	Title

Mission Statement:

ORGANIZATION:

NAME:

ADDRESS:

EMAIL:

EXECUTIVE DIRECTOR:

DELEGATE FULL NAME:

EMAIL ADDRESS of delegate:

I am an authorized representative of this organization and I affirm that all information submitted on this form is true and accurate.

#### Delegate:

First Name	Last Name
Position	Tel
Email	

#### Substitute Delegate: (not mandatory)

First Name	Last Name
Position	Tel
Email	

I am an authorized representative of this organization and I affirm that all information submitted on this form is true and accurate.

\_\_\_\_\_

Print name

Signature

Date

Note: Membership is activated only when application is approved by Executive Committee.

Please attach to this form **an English version** of:

1 - Copy of the document describing the organization (ex. by-laws, constitution, policy document)

2 - Letter of approval for ICEASI membership application from the organization in accordance with the laws of the country where the organization is based (ex. approval by the general assembly, approval by the board of directors, etc.)