APPLICATION FORM

FOR MEMBERS DIRECTLY AFFILIATED TO GLOBAL IFA

(Please TYPE)			
FAMILY NAME(s) *) :			
TITEL (e.g. Prof., Dr):		Mr / Mrs / Ms	
FIRST NAME(s) **) :			
MAILING ADDRESS : (firm/company)			
Street/No or POBox			
zipcode/city			
province/country:			
TELEPHONE :	FAX:		- <u></u>
E-MAIL :			
DATE OF BIRTH :(dd-mm-yyyy)			
	ual / corporate membership (pl	lease circle)	
*) In case of corporate m	nembership please fill out: Com nembership please fill out: Rep	pany name	
Educational :			
Qualifications :			-
Publications :			
Business or :			
<u>Professional Connections</u>	:		
Enclosed TWO letters of company profile (Corpora		ers or a detailed Curriculum	n Vitae (Individual membership) or
Membership fee 2025: Individual Membership : Corporate Membership :			
(please fill out the amour 1. remittance of Euro Please clearly indica <u>Bank details</u> : ABN-A Swift code: ABNANL Attn.: IFA	to Euro account no: 46.6 te your name when making pay MRO, PO Box 949, 3000 DD Roi 2A, IBAN: NL72ABNA04665645	5.64.511 yment by Bank. tterdam, The Netherlands i11,	ip to request a payment link of the
Please sign and forward f General Secretariat of IFA World Trade Center P.O. Box 30215 3001 DE Rotterdam / The	A		0) 405 2990 embership@ifa.nl Il
DATE	SIGNATURE		