

IIETA MEMBERSHIP APPLICATION FORM

To apply for an IIETA Membership, please complete this form and return to: membership@iieta.org.

PERSONAL DETAILS

Last Name (Family Name)..... First Name.....

Title: Prof Dr Mr Mrs Miss Ms Position.....

Department.....

University/Company.....

Address.....

City..... Province/state.....

Country..... Post/Zip Code.....

Tel..... Fax.....

Email.....

Highest Degree Earned..... Year Graduated.....

IIETA Membership Number (for renewals).....

TERMS AND CONDITIONS OF USE

1. Only one membership is allowed per person.
 2. Information on benefits and services is correct at the time of going to print and cannot be held liable for any change or withdrawal of the benefit and services provided by external companies.
 3. The benefits and services available will change from time to time, please check the website for details on up to date offers.
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DISCLAIMATION

I have read and understood the terms and conditions and I agree to abide by these. If I breach any of the terms and conditions of membership I understand that I may have my membership terminated.

Name..... Date.....

Signature.....

For office use only

Valid from:.....

Valid to:.....

(Start of the month, eg 1 April 2015)

(5 Years, e.g 31 March 2010)

Enrollers signature:.....

Date: