IRF ASSOCIATE MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the International Road Federation and, upon acceptance, agree to comply with the Statutes and By-Laws of the organisation, as well as such rules and regulations as may be adopted for its government and operation.

Contact information Please give the following details:

Personal Information			
Title (Mr/ Ms / Dr / Ing etc)			
First name			
Last name			
Telephone/ Fax			
E-mail			
Address			
City		Zip / Postal code	
Country			
Company			
Position			
Website of Company			

Membership category (please indicate:☑)

☐ University Professor
☐ Independent Consultant
☐ Retiree
☐ Student
☐ Individual Person from a Developing Country and working in Local Government

IRF annual fees for Associate Member **Swiss Francs** **400.- CHF**

Payment (please indicate:☑) ☐ Please invoice me I will pay:

☐ **By Bank transfer** Please send the total amount in CHF **net of all bank charges**, with reference 'Associate Membership Fees' to:
Credit Suisse, Geneva, Swift: CRESCHZZ80A, account n° 346978-61 CHF - IBAN: CH28 0483 5034 6978 6100 0

☐ **By Credit Card** ☐ VISA ☐ EuroCard/ MasterCard

Name of cardholder																						
Card number																Expiry date						
CVC N°																						
Billing address*																						

☐ I herewith agree that the yearly membership fee is automatically charged to my credit card in January of each year until cancellation of this standing order.

Signature _____ Date _____

This form is to be faxed back to the IRF Geneva at +41 22 306 02 70 together with a copy of your passport.

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Email: info@irfnet.ch