



IRF MEMBERSHIP APPLICATION FORM

We 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.

Institution/Company information

Organization			
Street address / number			
City		Zip / Postal code	
Country			
Website address		E-mail	

Contact information Please give the following details for two contact people within the organisation:

	First contact person	Second contact person
Title (Mr/ Ms / Dr / Ing etc)		
First name		
Last name		
Telephone/ Fax		
E-mail		

Membership category (please indicate:)

IRF Annual Membership Fees

Public Sector		Swiss Francs	
<input type="checkbox"/> Universities, Colleges and Research Institutes			CHF 870
Governments	<input type="checkbox"/> Local/rural		CHF 2 050
	<input type="checkbox"/> State / provincial		CHF 3 750
	<input type="checkbox"/> National / federal		CHF 6 500 to 19 200

Private Sector

National Road Associations and other Industry-Related Organisations		Swiss Francs	
Annual Operating Budget	<input type="checkbox"/> under 1 million		CHF 2 300
	<input type="checkbox"/> 1 - 2 million		CHF 2 900
	<input type="checkbox"/> 2 - 3 million		CHF 4 750
	<input type="checkbox"/> 4 - 7 million		CHF 7 900
	<input type="checkbox"/> over 7 million		CHF 10 650

<input type="checkbox"/> Companies (Contractors, Engineering/Design and Management Firms, Suppliers, Distributors, Equipment, Manufacturers, etc.)			
Annual Turnover/Sales	<input type="checkbox"/> under 10 million		CHF 2 300
	<input type="checkbox"/> 10 - 49 million		CHF 4 750
	<input type="checkbox"/> 50 - 99 million		CHF 6 650
	<input type="checkbox"/> 100 - 399 million		CHF 10 100
	<input type="checkbox"/> 400 - 699 million		CHF 17 000
	<input type="checkbox"/> over 700 million		CHF 33 100

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 'Membership Fees' to:
Credit Suisse, Geneva, Swift: CRESCHZZ12A, account n° 346978-61 CHF – IBAN: CH28 0483 5034 6978 6100 0

By Credit Card AMEX VISA EuroCard/ MasterCard (please indicate:)

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

*For Amex the full billing address is needed if different from address mentioned above

Signature _____

Date _____

This form is to be faxed back to the IRF together with a copy of an official document and some information about your organization.

Office:

2 chemin de Blandonnet, 1214 Vernier / Geneva, Switzerland

Tel : +41.22.306.0260 Fax : +41.22.306.0270

Email: info@irfnet.ch