



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:)

<input type="checkbox"/> University Professor
<input type="checkbox"/> Independent Consultant
<input type="checkbox"/> Retiree
<input type="checkbox"/> Student
<input type="checkbox"/> Individual Person from a Developing Country and working in Local Government

IRF annual fees for Associate Member **Swiss Francs** **200.- 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: 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

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.
Or email at info@irfnet.org

Office:

2 chemin de Blandonnet, 1214 Vernier / Geneva, Switzerland

Tel : +41.22.306.0260 Fax : +41.22.306.0270

Email: info@irfnet.org