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APPLICATION FOR MEMBERSHIP/PARTNERSHIP

RESPONDENT COUNTRY _____

Organization Name _____

TYPE OF MEMBERSHIP SOUGHT:

- Institutional Member
 Associate Member
 Partner

Organization Address _____

Organization Website _____

Director Name _____

Director Address _____

Director Telephone (with country and area codes) _____

Director Fax (with country and area codes) _____

Director Email _____

Director Signature _____ Date _____

Please click on the SUBMIT BY E-MAIL button to return the completed form electronically to the IANPHI Secretariat. Or you may PRINT the completed form and fax it to Secretary General Teija Kulmala at 358.20.610.8932.

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