



IARSA
INTERNATIONAL ASSOCIATION
OF RESEARCH SCHOLARS &
ADMINISTRATORS™

International Association of Research Scholars & Administrators™

GROUP STUDENT MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS and answer the following questions

The International Association of Research Scholars & Administrators (IARSA), Delaware, United States is fully committed to meeting its obligations on the promotion of research in diverse areas of study as set out in Certificate of Incorporation under the Law of the State of Delaware.

Please complete in typescript or black ink and return to info@iarsa.org, www.iarsa.org

Reference (if any)	
Group Type	☐ Elementary/Middle School ☐ High School ☐ College/University ☐ Graduate School ☐ Community-Based School ☐ Law School ☐ Medical School ☐ Middle/Junior High School

School Name

School City

School Address 1

School County

School Address 2

School State

Academic/Advocate/Faculty Advisor

School Zip Code

NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT

(if different from above)

Contact Name:	Position:
Postcode:	
Tel:	Fax:
E-mail:	

DECLARATION	
<i>We certify to the best of our knowledge, the information furnished in this application is true and complete. We agree that if such information, or any other information upon which our group admission as members is based, is not true or incomplete, the ASSOCIATION may rescind our membership. We further agree that, if admitted, we will abide by the rules and regulations of the International Association of Research Scholars and Administrators including, but not limited to, those rules contained in the current IARSA CODE ETHICS. I understand that all official documents submitted for our membership consideration become the property of the Corporation and will not be forwarded to another corporation/association or institution nor returned to us. We also understand that acceptance to the Association is subject to verification of final records from all institutions we have attended and that application fees are non-refundable.</i>	
SIGNED:	
Please print name:	
POSITION:	DATE:
Signed by:	(Administrator)
Name in Capitals:	
DATE: _____	

FOR OFFICE USE ONLY			
Group Number		Computer Entry	
Fee Received			
Please Complete and return to: 1013 Centre Road, Suite 403-A Wilmington, DE 19805, County of New Castle, USA Email: info@iarsa.org, www.iarsa.org			

FINANCE

Pay all fees to:

International Association of Research Scholars & Administrators Corporation

Account name: - International Association of Research Scholars & Administrators Corporation

Bank Name: US Bank

Bank Address: 175 N Milwaukee Ave Vernon Hills, Illinois 60061, USA

Account Name: International Association of Research & Administrators Corporation

Swift Code: USBKUS44IMT