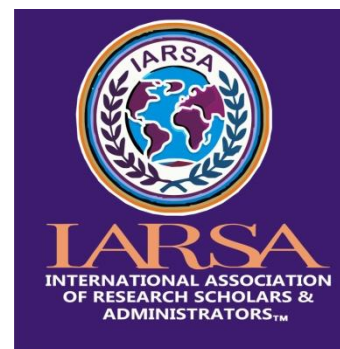


INDIVIDUAL MEMBERSHIP APPLICATION FORM



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

Reference (if any)

1. PERSONAL DETAILS

Title (Prof/Dr/Mr/Mrs/etc)		Nationality	
First name(s)		Country of birth	
Middle name		Country of permanent residence	
Surname		Date of birth:	
Contact address	 	Day Month Year	
		Sex (<i>enter 'x'</i>) male ☐ female ☐	
Postcode		Permanent address (<i>if different from contact</i>)	
Country		Postcode	
Day time tel no		Country	
Evening tel no		Tel no (including country and area code)	
Mobile		Fax	
Fax (if any)			
Email			

2. PROPOSED MEMBERSHIP STATUS

Title of Membership
(Tick Only One)

- ☐ Fellow
- ☐ Member
- ☐ Affiliate Member
- ☐ Associate Member
- ☐ International Affiliate Member
- ☐ Student Member
- ☐ Honorary Member
- ☐ Lifetime Member

3. EDUCATION

Please give details of your university/college education (*i.e. first degree/diploma and higher degree/diploma*)

Qualification (<i>e.g. BA, BBA, BSc, MA, MSc, PhD, DBA, D.Sc., MD, D.Ed., etc</i>)	Title of Membership/ Research Area of Interest	Name of institution	Country of institution
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Professional/other relevant qualifications

Title of qualification	Name of awarding body	Date from/to	Grade/Level	Type of membership (if apt.)
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4. LANGUAGE

Is English your first language? ☐ Yes ☐ No

Is/was English the language of instruction for your first degree? ☐ Yes ☐ No

5. EMPLOYMENT DETAILS

Name and address of current employer (where appropriate) and past employer(s)	Position held	Date from/to
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6. FINANCE (Membership Fee with terms and conditions)

7. CRIMINAL CONVICTIONS

If you have been convicted of a criminal offence, excluding either a motoring offence for which a fine and/or maximum of three penalty points were imposed or spent sentences, you are required to declare this by indicating yes on your form.

Do you have any criminal convictions? Please tick the appropriate box: Yes ☐ No ☐

8. PERSONAL STATEMENT

Please use this space to summarize your research interests and your reasons for choosing to be a research member of IARSAC. You may continue on or attach a separate page if necessary (No more than 500 words)

9. DISABILITY, DYSLEXIA OR LONG-TERM MEDICAL CONDITION (TICK AS APPROPRIATE)

- ☐ None
 - ☐ You have a specific research or learning difficulty(for example dyslexia)
 - ☐ You are a blind or partially sighted
 - ☐ You are deaf or have impaired hearing
 - ☐ You use a wheelchair or have mobility difficulties
 - ☐ You have mental health difficulties
 - ☐ You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition
 - ☐ You have two or more of the above

10. DOCUMENT CHECKLIST

Please check that your application is complete and that you have enclosed all the relevant documents or the membership process could be delayed.

- Fully complete and signed application form
 - Registration Fee (Payment Receipt)
 - Copies of all previous studies (certificates, degree supplements) or work experience letter
 - CV to reflect your work experience
 - Passport Colour Copy/Driving Licence or an approved Photo ID e.g. National ID of your country.

11. DECLARATION

I certify to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission as a member is based, is not true or incomplete, the CORPORATION may rescind my membership. I further agree that, if admitted, I will abide by the rules and regulations of the International Association of Research Scholars and Administrators Corporation including, but not limited to, those rules contained in the current IARSAC CODE ETHICS. I understand that all official documents submitted for membership consideration become the property of the IARSAC and will not be forwarded to another corporation/association or institution nor returned to me. I also understand that acceptance to IARSAC is subject to verification of final records from all institutions I have attended and that application fee is non-refundable.

Signed _____ Date _____