

IFIS Membership Application Form

Please complete and sign the form and mail it back to
info@ifis.lu

Corporate membership

Individual membership

(please tick one box)

Organisation:	
Address:	
Last Name: <i>(if corporate membership, name of IFIS coordinator)</i>	
First Name:	
Position:	
Gender:	
Nationality:	
Phone Number:	
Email Address:	
Professional activity:	
Conditions of Membership	<ul style="list-style-type: none"> ♦ The member fully accepts to abide by the IFIS statutes ♦ The member fully accepts to abide by the highest standards of professional excellence and ethical conduct at all times ♦ The member fully accepts to actively support and contribute to the IFIS activities ♦ The member fully accepts to actively participate in the IFIS in a collaborative spirit and with respect for views and opinions of the other participants
Signature of the Individual or Authorized Representative of the Organisation	<i>I hereby agree with the above Membership Conditions</i>
	Signature:
	Date: