



IPRA

International Peace Research Association

INSTITUTIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW:

RENEWAL:

Membership number:

Institution/Association:

Name of Director:

Address 1:

Address 2:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

Web site:

Signature:

Date:

I apply membership into International Peace Research Association. I hereby acknowledge by signing this application that the information provided above is true Please send completed and signed application form as scanned copy to the Ipra Secretaries General: uoswald@gmail.com & kodama2015@hi3.enjoy.ne.jp