



# IPRA

## International Peace Research Association

(WWW.IPRAPEACE.ORG)

### INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW:

RENEWAL:



Membership number:

#### Personal information

First name and Surname:

Gender:

Job Description:

Institutional Affiliation:

Country of Residence:

#### RESIDENTIAL ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

#### WORKING ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

I apply membership into International Peace Research Association. I hereby acknowledge by signing this application form that the information provided above is true. I hereby email the completed and signed application form as a scanned copy to the Secretaries General.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_