



IPRA

International Peace Research Association

(WWW.IPRAPEACE.ORG)

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:

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

Signature: _____ Date: _____