



ILPS Registered Address:
Emil-Hoffmann-Str. 33
D-50996 Köln (Cologne)
Germany

MEMBERSHIP APPLICATION FORM

Institution/Company: _____

applies for the ILPS Membership:

Corporate Membership, annual fee € 400.- / \$ 500.-.

Represented by Dr./ Mr./Mrs.

Family name: _____ First name: _____

Address: _____

Postal Code: _____ City/Town: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Registration number of your institute / company: _____

VAT number of your institute/company: _____

Membership is only active upon payment of the above fees. Membership fees are invoiced on an annual basis in the 1st quarter of each year. Membership does not expire until cancelled. See statutes for details.

Signature: _____ Date: _____

Please E-mail to:
ILPS President: Bernd Diehl | diehl@spectralservice.de
ILPS Executive Director: Rute Azevedo | azevedo@ilps.org