

Date _____

MEMBERSHIP APPLICATION FORM

To: the President of Association Interactions, Complex Phenomena and Advanced Materials Society, ICPAMS.

I undersigned _____
(Title) (Surname) (Given name)

Affiliation _____

Position title _____

Correspondence address _____

Email _____ Tel _____ Fax _____

hereby apply to be admitted to the association ICPAMS as (select the appropriate box):

Full Associate Member – A person who supports the vision, mission and values of the Association, meets the eligibility criteria (conform to the ICPAMS statute), and pays the membership due as required. Only Associate Members are eligible to vote at the Association meetings. Annual subscription fee is 20 EUR.

Student Associate Member - A full-time student who is interested in interactions, complex phenomena, and advanced materials. Annual subscription fee is 10 EUR.

Donor Member – A person who provide additional income to support the achievement of ICPAMS objectives. Donor members must have a single vote, equivalent to that of an associate member. Annual subscription fee is established by Donor Member in agreement with the Board of Directors and approved by the General Assembly.

I certify that the statements in this application are true and do hereby agree that in the event of my election or transfer of membership grade in the Association, I will be governed by the ICPAMS statute.

I undertake to pay the membership fee annually, and if I want to withdraw from the Association, I will forthwith pay to the Association all the payments due from me.

Date of application

Signature of Applicant

Please return a scanned version of the completed Membership Application Form and the proof of payment to membership@icpams.com.