International Association of Research Scholars & Administrators™

Group Membership Application Form

Please use BLOCK CAPITALS and answer the following questions

The International Association of Research Scholars & Administrators (IARSA) is fully committed to meeting its obligations on the promotion of research in diverse areas of study.

NAME OF ORGANIZATION

ADDRESS

Postcode:

Tel: Fax:

E-mail:

NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT
(if different from above)

Contact Name: Position:

Postcode:

Tel: Fax:

E-mail:

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name: _____ Tel: _____

Mobile: _____

ORGANIZATIONAL STATUS (Please answer every question)		
Is your group:	YES	NO
Profit-making?		
A community/voluntary group?		
A statutory body?		
A registered charity? (Please state No. below)		

AIMS OF YOUR ORGANIZATION (Give brief details)

FOR NEW MEMBERS ONLY
What type of organization does your group belong at present? Why is the method of service is do no longer appropriate for your group?

PEOPLE WITH WHOM YOUR ORGANIZATION IS CONCERNED (tick as many boxes as are relevant)			
Research Group		People with dementia	
People with a learning disability		Elderly people	
People with mental health difficulties		Pre-school groups	
People from ethnic minorities		Youth groups	
People with an alcohol related illness		Women's groups	
People with a drug related illness		Health groups	
People affected by HIV or AIDS		Other (give details below)	

THE PEOPLE OF OUR GROUP ARE *MAINLY* **(Having a DEPENDANT is when you have personal responsibility for the care of a child, elderly person or person with an incapacitating disability)**			
People with Dependents		Both	
People without Dependents		Not known	

THE PEOPLE OF OUR GROUP ARE *MAINLY* AGED			
Under 18		Over 65	
19-65		Diverse Ages	

THE PEOPLE OF OUR GROUP ARE *MAINLY*			
Male		Diverse Gender	
Female			

THE PEOPLE OF OUR GROUP ARE *MAINLY*			
People With Disability		Both	
People Without Disability		Not known	

THE PEOPLE OF OUR GROUP ARE *MAINLY*			
Protestant		Muslim	
Roman Catholic		Diverse	
Both Protestant and Roman Catholic		None of the above	

DECLARATION

I certify to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission as a member is based, is not true or incomplete, the ASSOCIATION may rescind my membership. I further agree that, if admitted, I will abide by the rules and regulations of the International Association of Research Scholars and Administrators including, but not limited to, those rules contained in the current IARSA CODE ETHICS. I understand that all official documents submitted for membership consideration become the property of the IARSA and will not be forwarded to another corporation/association or institution nor returned to me. I also understand that acceptance to IARSA is subject to verification of final records from all institutions I have attended and that application fee is non-refundable.

SIGNED: _____

Please print name: _____

POSITION: **DATE:** _____

Signed by: **(Administrator)**

Name in Capitals:

DATE: _____

FOR OFFICE USE ONLY

Group Number		Computer Entry	
Fee Received			

Please Complete and return to:
Email: info@iarsac.org
www.iarsac.org