INDIVIDUAL MEMBERSHIP APPLICATION FORM

Please complete in typescript or black ink and return to **info@iarsa.org**, **www.iarsa.org**

Reference (if any)	

1. PERSONAL DETAILS

Title (Prof/Dr/Mr/Mrs/etc)

First name(s)

Middle name

Surname

Contact address

Postcode

Country

Day time tel no

Evening tel no

Mobile

Fax (if any)

Email

Nationality

Country of birth

Country of permanent residence

Date of birth:

Day ☐ Month ☐ Year ☐

Sex (*enter 'x'*) male ☐ female ☐

Permanent address (*if different from contact*)

Postcode

Country

Tel no (including country and area code)

Fax

2. PROPOSED MEMBERSHIP STATUS

Title of Membership (Tick Only One)

- ○ Distinguished Fellow
- ○ Fellow
- ○ Senior Member
- ○ Full Member
- ○ Associate member
- ○ Affiliate Member
- ○ International Affiliate Member
- ○ Student Member
- ○ Honorary Member
- ○ Lifetime Member

3. EDUCATION

Please give details of your university/college education *(i.e. first degree/diploma and higher degree/diploma)*

Qualification *(e.g. BA, BBA, BSc, MA, MSc, PhD, DBA, D.Sc., MD, D.Ed., etc)*	Title of Membership/ Research Area of Interest	Name of institution	Country of institution

Professional/other relevant qualifications

Title of qualification	Name of awarding body	Date from/to	Grade/Level	Type of membership (if apt.)

4. LANGUAGE

Is English your first language?	□Yes □No
Is/was English the language of instruction for your first degree?	□Yes □No

5. EMPLOYMENT DETAILS

Name and address of current employer (where appropriate) and past employer(s)	Position held	Date from/to

6. FINANCE (Membership Fee with terms and conditions)

7. CRIMINAL CONVICTIONS

If you have been convicted of a criminal offence, excluding either a motoring offence for which a fine and/or maximum of three penalty points were imposed or spent sentences, you are required to declare this by indicating yes on your form.

Do you have any criminal convictions? Please tick the appropriate box: Yes ☐ No ☐

8. PERSONAL STATEMENT

Please use this space to summarize your research interests and your reasons for choosing to be a research member of IARSA. You may continue on or attach a separate page if necessary (No more than 500 words)

9. DISABILITY, DYSLEXIA OR LONG-TERM MEDICAL CONDITION (TICK AS APPROPRIATE)

- None
- You have a specific research or learning difficulty(for example dyslexia)
- You are a blind or partially sighted
- You are deaf or have impaired hearing
- You use a wheelchair or have mobility difficulties
- You have mental health difficulties
- You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition
- You have two or more of the above

10. DOCUMENT CHECKLIST

Please check that your application is complete and that you have enclosed all the relevant documents or the membership process could be delayed**.**

- Fully complete and signed application form
- Registration Fee (Payment Receipt)
- Copies of all previous studies (certificates, degree supplements) or work experience letter
- CV to reflect your work experience
- Passport Colour Copy/Driving Licence or an approved Photo ID e.g. National ID of your country.

11. 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 _____ Date _____