



RENEWAL FORM **CATEGORY IAF-AB Patron Members**

All prospective members of International Accreditation Federation of Accreditation Bodies (IAF-AB). is required to complete this registration form. Indicate any changes; Membership runs from round the year.  NEW MEMBERSHIP  RENEWAL  Changes for directory?

**SECTION 1: MEMBER CONTACT INFORMATION**

<b>TITLE</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof	<input type="checkbox"/> Ms
Name of Individual						
Organization's Name						
Position/ Assignment						
Address 1					Work Phone (If Unique)	
Address 2					Principle Phone	
Town/City					Home Phone	
Postal Division					Whatsapp	
Country:					Essential Email	
					Auxiliary Email	

\*Star the e-mail and phone number you would like listed in the directory

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
Provisional Accreditation Bodies	Admission Fee (One Time)	\$300	
Provisional Accreditation Bodies	Annual Fee (Every Year Would be Charged)	\$	
PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send)		\$50 Manday	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste a Passport Size Photo here

**SECTION 3: MEMBER INFORMATION**

**OCCUPATION /INFORMATION/JOB TITLE:**

Member IAF-AB: Yes  No  Would you like to receive IAF-AB /It's Sister Organs membership information?: Yes  No

Please indicate if you would be willing to **serve on a chapter/committee etc.:**  
 Yes  Not at this time  
 Is there any interest specific area/committee you would like to serve on? \_\_\_\_\_  
 (Committees/Positions/IAF-AB / It's Sister Organs are listed at [http://www.iaf-ab.org/IAF-AB sisterorgans.html](http://www.iaf-ab.org/IAF-AB_sisterorgans.html))

**Permission to use photographic images:**  
 Photographs of IAF-AB members may be used in various IAF-AB communications incl. the newsletter and website. Group photographs taken at IAF-AB events may be used without identifying individual members. For individual photographs, please indicate your permission for use:  
 \_\_\_\_\_ IAF-AB /It's Sister Organs have my permission to use and identify photographs of me.  
 \_\_\_\_\_ IAF-AB /It's Sister Organs does not have permission to use and identify photographs of me.  
 \_\_\_\_\_ IAF-AB /It's Sister Organs must contact me before using any identified photographs of me in IAF-AB communications.

All disputes relating to membership, IAF-AB, services/privileges, issue of Identity Cards, Certificates and etc. are governed by Civil Laws and Civil Courts only subject to Mumbai,(India) Jurisdiction.

**Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **IAF-AB** .

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- To pay online:** The Membership Fee in favor of "IAF-AB" or You can Transfer the Amount through Bank directly in A/C NO. 12950200000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:**, IOBA 0001295 **Whatsapp. :** +91-8275879725
- Regardless of payment method used, please **form** to [info@iaf-ab.org](mailto:info@iaf-ab.org) . fill your details in and **make sure to send a cop-mail**, which includes, name, address, tel, fax, **of your payment transfer receipt/-mail** and cellphone Number. Payment **receive-slip along with membership** will be updated at **IAF-AB** after 48 hrs.