



IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES
RENEWAL FORM CATEGORY IAF-AB – Training Centre

Certified once accepted globally

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

TITLE	<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				Work Phone (If Unique)		
Address 1				Principle Phone		
Address 2				Home Phone		
Town/City				Whatsapp		
Postal Division				Essential Email		
Country:				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)	\$1 300	<input type="checkbox"/>
Provisional Accreditation Bodies	Annual Fee (Every Year Would be Charged)	\$300	<input type="checkbox"/>
PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send)		\$50 / Manday	<input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive IAF-AB /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Registering Authority of your Training Centre: _____ Registered on Dated: _____
How many registered Players/members in your Training Centre: _____
What is your main objectives of your Training Centre: _____
Please indicate if you would be willing to serve on a chapter/committee etc.: <input type="checkbox"/> Yes <input type="checkbox"/> 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)
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 . 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.