



IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES
RENEWAL FORM CATEGORY IAF-AB – Individual/ faculty

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

Details of Educational Qualifications:

Course Studied	Name of the Course	Major	Month & Year of Passing	Name of the Institution/College/ University	Percentage of Marks/ Class
Hr. Secondary					
Under Graduate					
Post Graduate					
M.Phil					
Ph.D					

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

SUCCESSFUL TEACHING EXPERIENCE:

The teaching requirement (two full years or equivalent) has been met in the following manner:

School/College/University	School/College/University Division	Years of Teaching

ACCREDITATION SEMINAR (attach copy of certificate) (check):

Subject Area:

Date Attended

Day	Month	Year
Day	Month	Year

*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	Individual / Faculty is eligible Membership	\$300	
Provisional Accreditation Bodies	Individual / Faculty is eligible Membership	\$100	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)	Individual / Faculty is eligible Membership	\$50	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste your recent colour photograph

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"/>
What is your main objectives of your Individual / Faculty :
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** .

Name of Teacher/Faculty

Signature

<input type="checkbox"/> To pay online: The Membership Fee in favor of "IAF-AB" or You can Transfer the Amount through Bank directly in A/C NO. 129502000000891, Bank Name: Indian Overseas Bank, Mumbai. SWIFT Code: IOBAINBB089. Ifsc Code: , IOBA 0001295 Whatsapp. : +91-8275879725 <input type="checkbox"/> 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.
