

**INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES**

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All prospect

ive members of **International Accreditation Federation of Accreditation Bodies. vfvcvFEDERATION OF ACCREDITATION BODIES**

(Iaf-Ab) )

is

Required to complete this

registration form

. Indicate any changes;

Membership runs from

round the year

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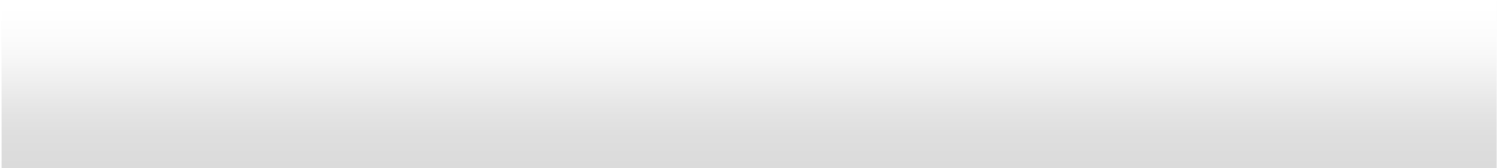
**NEW MEMBERSHIP**

**RENEWAL**

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**es for**

**directory?**



**IAF-AB -**

**/**

**RENEWAL FORM**

**Category**

**IAF-AB Goodwill Accreditation Bodies**

# SECTION 1: MEMBER CONTACT INFORMATION

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| --- | --- | --- | --- |
| **TITLE** | **Dr Mr Mrs Miss Prof 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) | $300 |  | | **Provisional Accreditation Bodies** | Annual Fee (Every Year Would be Charged) | $ |  | | **PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)** |  | $250/ Manday |  | | **Payment mode** | Online Payment Pay Pal Western Union Others |  |  |   **SECTION 3: MEMBER INFORMATION** | Paste a Passport Size Photo here  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |

|  |
| --- |
| **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) |
| **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, accreditation, 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. 129502000000891, **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, e**y of your payment transfer receipt/**-mail and cellphone Number. Payment receiv**e-slip alongwith membership** ed will be updated at **IAF-AB** after 48 hrs.