 **IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES**

 **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

|  |  |
| --- | --- |
| 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

Paste a Passport Size Photo here

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| **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** |  Online Payment Pay Pal Western Union Others |  |  |

**SECTION 3: MEMBER INFORMATION**  | [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.] |
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| --- |
| **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.  |

 | [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.] |

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. 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, **of your payment transfer receipt/**-mail and cellphone Number. Payment receiv**e-slip along with membership** will be updated at **IAF-AB** after 48 hrs.