



IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES
RENEWAL FORM Category **IAF-AB International Memberships**

All prospective members of International Accreditation Federation of Accreditation Bodies. (IAF-AB) is Required to complete registration. Indicate any 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)	\$750	
Provisional Accreditation Bodies	Annual Fee (Every Year Would be Charged)	\$1,250	
PER MANDAY RATE OF AUDIT (Separate Quotation Will Be Send)		\$250/ Man-day	
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 : <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive IAF-AB /It's Sister Organs membership information?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION & PROFESSIONAL BACKGROUND :			
Education Received :			
Occupation :		Years in Profession:	
YOGA BACKGROUND :			
Total Years of Study:		Member of Club/Dojo:	
Following System(s) :			
Current Education and Issuing Organization(s):			
Declaration :	(National Organization Name)		
YOGA RELATED CERTIFICATES :			

Applies for membership to the IAF-AB and submit this application form.

With this application we recognizes IAF-AB objectives and as the sole governing IAF-AB organization representative in our country hereby certify that the information contained in this application is true and accurate to the best of my knowledge. All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates 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 favour 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:**, IOBA0001295 **Whatsapp.** : +91-8275879725

Regardless of payment method used, please **form** to be send at info@iaf-ab.org . fill your details in and **make sure to send a copy of your** -mail, which includes, name, address, tel, fax, **Epayment transfer receipt/-mail** and Whatsapp Number. Payment received **e-slip along with membership** will be updated at IAF-AB after 48 hrs.