



**IAF-AB - INTERNATIONAL ACCREDITATION FEDERATION OF ACCREDITATION BODIES**  
**RENEWAL FORM CATEGORY IAF-AB Advisor 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**

<b>TITLE</b>	<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	Paste a Passport Size Photo here
Provisional Accreditation Bodies	Admission Fee (One Time)	\$150	<input type="checkbox"/>	
Provisional Accreditation Bodies	Annual Fee (Every Year Would be Charged)	\$	<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		<input type="checkbox"/>	

**SECTION 3: MEMBER INFORMATION**

<b>OCCUPATION //INFORMATION//JOB TITLE:</b>
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"/>
Please indicate if you would be willing to <b>serve on a chapter/committee etc.:</b> <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 <a href="http://www.iaf-ab.org/IAF-AB_sisterorgans.html">http://www.iaf-ab.org/IAF-AB_sisterorgans.html</a> )
<b>Permission to use photographic images:</b> 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:** \_\_\_\_\_

<input type="checkbox"/> <b>To pay online:</b> The Membership Fee in favor of "IAF-AB" or You can Transfer the Amount through Bank directly in A/C NO. 12950200000891, <b>Bank Name:</b> Indian Overseas Bank, Mumbai. <b>SWIFT Code:</b> IOBAINBB089. <b>Ifsc Code:</b> , IOBA 0001295 <b>Whatsapp. :</b> +91-8275879725
<input type="checkbox"/> Regardless of payment method used, please <b>form</b> to <a href="mailto:info@iaf-ab.org">info@iaf-ab.org</a> . fill your details in and <b>make sure to send a cop-mail</b> , which includes,name, address, tel, fax, <b>of your payment transfer receipt</b> /-mail and cellphone Number. Payment <b>receive-slip along with membership</b> will be updated at <b>IAF-AB</b> after 48 hrs.