Membership Application Form

IPA Secretariat
Email: tokyo@press-in.org

Please complete this form in black ink in block letters.

I apply for Individual Membership of the IPA.

If admitted, I agree to abide by the Constitution of the IPA as stated at www.press-in.org.

Apply Date	Date [ ] Month [ ] Year [ ]	
Name in Full (for membership card)		This name will be used for the name of your membership card.
Name (for registration)	First Name [ ] Surname [ ]	
Title	☐ Mr ☐ Ms ☐ Prof. ☐ Dr ☐ Others [ ]	
Organization (official name in full)		
Nature of Business		
Dept./Section/ Faculty/etc.		
Position/Title		
Work Address (for mailing)	Line 1 [ ] Line 2 [ ] Prov. [ ] Postcode [ ] Country [ ]	
Contact (in organization)	Tel.* [ ] Fax* [ ] Email [ ] * start from country code please	
Your Speciality (related to IPA)	☐ Environment ☐ Machinery ☐ Measurement ☐ Soil Mechanics ☐ Construction ☐ Civil Engineering ☐ Architecture ☐ Others [ ]	
	Description:	
Home Address (personal contact)	Line 1 [ ] Line 2 [ ] Prov. [ ] Postcode [ ] Country [ ]	
	Tel.* [ ] Fax* [ ] Email [ ] * start from country code please	

Please send the IPA correspondence to ☐ Work Address / ☐ Home Address.

Fax to +81-3-5461-1192

Will you fax your completed application form and pay the membership dues to the IPA account within 10 days after the Apply Date.

Name of Account Holder	

The IPA Account Information

Bank Name: Bank of Tokyo-Mitsubishi UFJ
Branch Office: Takamatsu Chuo Branch
Account Nr: 0626986
Account Name: IPA
SWIFT Code: BOTKJPJT