



Membership Application Form

Please complete this form in black ink in block letters.

<p>I apply for Student Membership of the IPA. If admitted, I agree to abide by the Constitution of the IPA as stated at www.press-in.org.</p>	
Apply Date	Date [] Month [] Year []
Name in Full <small>(for membership card)</small>	<small>This name will be used for the name of your membership card.</small>
Name <small>(for registration)</small>	First Name [] Surname []
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Prof. <input type="checkbox"/> Dr <input type="checkbox"/> Others []
University/College <small>(official name in full)</small>	
Faculty/Dept.	
Grade/Year	
Degree/Title	
Univ. Address <small>(for mailing)</small>	Line 1 []
	Line 2 []
	Prov. [] Postcode [] Country []
Contact <small>(in University)</small>	Tel.* [] Fax* []
	Email [] * start from country code please
Your Speciality <small>(related to IPA)</small>	<input type="checkbox"/> Environment <input type="checkbox"/> Machinery <input type="checkbox"/> Measurement <input type="checkbox"/> Soil Mechanics <input type="checkbox"/> Construction <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Architecture <input type="checkbox"/> Others []
	Description:
Home Address <small>(current residence)</small>	Line 1 []
	Line 2 []
	Prov. [] Postcode [] Country []
	Tel.* [] Fax* []
	Email [] * start from country code please
Please send the IPA correspondence to <input type="checkbox"/> University Address / <input type="checkbox"/> 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	
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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