**Membership Application**

Name (and academic title, if applicable)

Address (street, number)

 (city)

 (post code)

 (country)

e-mail

phone number

second phone number (if applicable)

I herewith request

[ ]  full membership (supported by IFIS members       and       )

[ ]  associate membership

[ ]  sponsor membership

from       (date DD.MM.JJJJ)

in the Institute for Integral Studies (IFIS).

[ ]  I herewith confirm transferring annual membership fees of       € (see fees per membership type and account number on the website of IFIS).

[ ]  I herewith endorse the statutes of the Institute for Integral Studies.

 Date Signature