**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