# APPLICATION FOR ASSOCIATE MEMBERSHIP

<table>
<thead>
<tr>
<th>Full name of the proposed Associate Member</th>
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<tbody>
<tr>
<td>Official postal address of The Proposed Associate Member</td>
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<tr>
<td>Town/City</td>
<td></td>
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<tr>
<td>State/Region/Province</td>
<td>Zip/Postcode</td>
</tr>
<tr>
<td>Phone (or Mobile Cell phone number (+ country code)</td>
<td>Fax (+ country code)</td>
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<tr>
<td>Website (if applicable)</td>
<td></td>
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<tr>
<td>(The signatory below)</td>
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<tr>
<td>Profession/Position</td>
<td>Organisation (if applicable)</td>
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Individual’s personal contact details  
*For office purposes only*

Personally signed by ………………………………………………………………………………………………………………………………

Print full name of signatory ……………………………………………………………………………………………………………………………………………………

Date submitted ……………………………………………………………………………………………………………………………………………………

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This application will be put before IFKF’s Board at its next available meeting, pursuant to IFKF’s Bylaws

On approval by the IFKF’s Board and payment of applicable membership fee set at the time of approval, the Associate member will be admitted to the IFKF Register of Organisations & Associate Members.

- Membership fees payable IN ADVANCE and are for one calendar year - renewed annually on 1 January
- Associate Members will receive requests for fees due in December annually from the IFKF Secretariat
- Should an IFKF Associate Member default on fee payment, he/she may be removed from the IFKF Register

Submit the completed Form by email to carlos.castro@asociacionale.org, IFKF Management Services.
IFKF COUNCIL MEMBER INFORMATION DISCLOSURE

This information is confidential between the member and the Board and Secretariat of IFKF and will only be shared with the agreement of the Associate member or in a generic stabilised format, which does not identify the Associate member. Every Associate Member is required to complete this form annually.

1. Why do you want to become an associate member of IFKF, and what are you willing to contribute to IFKF and its Mission?

2. What are your professional Qualifications and year obtained? (Complete only if applicable)

3. Your most recent appointments? (Complete only if applicable)
   Appointment 1: .................................................................................................................................................. With dates
   Appointment 2: .................................................................................................................................................. With dates
   Appointment 3 .................................................................................................................................................. With dates

4. Memberships of Professional Organisations? (Complete only if applicable)

5. What are your three greatest (individual or professional) accomplishments?