|  |  |
| --- | --- |
| Name of organization: |  |
| Abbreviation: |  |
| English translation: |  |
| Postal address: |  |
|  |
| Telephone: |  |
| Alternate number: |  |
| Fax: |  |
| Email: |  |
| Website: |  |
| Contact person Mr/Ms |  |
| Title/function: |  |

**About your organization** (*please check all that apply*)

\_\_\_ Our organization is a committee/umbrella group/coalition.

\_\_\_ Our organization has individual membership. Number of members:

\_\_\_We publish a bulletin/magazine. **(Please attach a sample copy)**

|  |  |
| --- | --- |
| Title: |  |
| Number of copies distributed each time: |  |
| Frequency: |  |
| Language: |  |

Our organization was founded in (year):

|  |
| --- |
| **History**: |

|  |
| --- |
| **Main activities:** |

|  |
| --- |
| **Please explain how your work relates to IPB’s programmes and concerns:** |

|  |  |
| --- | --- |
| Number of full-time employed staff members: |  |
| Number of half-time / volunteers: |  |
| Our organization is also affiliated to: |  |

**Fees:**

* We can pay the regular annual membership fee of ( ) USD.

(**SEE LIST OF STANDARD FEES)**

*OR*:

* Our organization is unable to pay the full fee at this point.

\_\_\_ We wish to negotiate a reduction. **(Please attach a letter or explanation.)**

\_\_\_ We are able to contribute services to support IPB. We can offer:

\_\_\_ translation of BAP literature

\_\_\_ distribution of BAP literature

\_\_\_ organization of seminars

\_\_\_ other **(please give details)**:

|  |  |
| --- | --- |
| Date: |  |
| Signature: |  |
| Position in organization: |  |

**Please send this form, along with any materials (or links) describing your work, to:**