

AFFILIATE MEMBERSHIP

Please complete & fax or e-mail this form for submission to IHRA – (Geneva, Paris, Barcelona)
Fax: +33 1 53013279 - E-Mail: admin@IH-RA.com

- > MEMBER NAME
- > Address
- > Postal Code
- > Telephone
- > E-Mail
- > Web

| | Name | Title | E-Mail |
|---------------------|------|-------|--------|
| CEO | | | |
| Billing Contact | | | |
| IHRA Representative | | | |

2016 -2017 ANNUAL SUBSCRIPTION FEES

ANNUAL FEE 1000 € *(Non-Refundable Membership)*

PAYMENT DETAILS

(Please check the appropriate box)

Please charge my credit card: Visa MasterCard

Name of card holder _____

Card Number _____ Expiry Date _____ CCV: _____

Date _____ Stamp _____

Signature _____

Bank Details for Wire Transfer to: CREDIT MUTUEL BANK in Paris France –BIC/SWIFT: CMCIFR2A
2 rue de l'arrivee 75015 Paris France

IBAN= FR76 1027 8060 4500 0211 4080 165 (in Euro).