**INSTITUTIONS MEMBERSHIP**

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| --- |
| **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** |

* INSTITUTION’S NAME
* Address
* Postal Code
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|  | 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).**