



IRF ASSOCIATE MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the International Road Federation and, upon acceptance, agree to comply with the Statutes and By-Laws of the organisation, as well as such rules and regulations as may be adopted for its government and operation.

CONTACT INFORMATION

Title (Mr / Ms / Dr / Eng / etc.)

Full name :

Telephone

E-mail

Address

City

Zip / Postal Code

Country

Company

Position

Company Website

Membership Category:

University Professor

Retiree

Individual Person from a
Developing Country and

Independent Consultant

Student

working in Local Government

IRF ANNUAL FEES FOR
ASSOCIATE MEMBERS

Swiss Francs

400.- CHF

PAYMENT (please indicate)

By Credit Card

By Bank Transfer

This form is to be sent back to membership@irfnet.ch together with a copy of your passport.

Date

Signature