



IPRA

International Peace Research Association

INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW: RENEWAL: Membership number:

Personal information	<input type="text"/>
First name & Surname:	<input type="text"/>
Gender:	<input type="text"/>
Job Description:	<input type="text"/>
Institutional Affiliation:	<input type="text"/>
Country of Residence:	<input type="text"/>
Residential Address	<input type="text"/>
Town:	<input type="text"/>
Post code or ZIP code:	<input type="text"/>
Country	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
WORKING ADDRESS:	<input type="text"/>
Town:	<input type="text"/>
Post code or ZIP code	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

Signature:

Date:

I apply membership into International Peace Research Association. I hereby acknowledge by signing this application form that the information provided above and on the attached short bio is true All applicants, please provide: Completed and signed application form and your short bio to introduce you in IPRA membership section (200 words). Please send completed and signed application form as scanned copy and your short bio to the Secretaries General: uoswald@gmail.com & kodama2015@hi3.enjoy.ne.jp