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**AIPH Affiliate Membership Application Form**

Please complete and return the application form, in English, to AIPH Secretary General, Tim Briercliffe at sg@aiph.org.
AIPH meetings and communications are in English. Please ensure the named contacts are able to speak, read and understand the English language.

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| --- | --- |
| **Business/Organisation name:**  |  |
| **Address:**  |  |
| **Key Contact name:**  |  |
| **Contact tel:**  |  |
| **Contact email:**  |  |
| **Website:**  |  |
| **Description of applicant business/organisation:**  |  |
| **Reference** |
| **AIPH Full Member Reference: (Visit www.aiph.org to find whether there is a current member in your country)** |
| **Organisation name:**  |  |
| **Contact name:**  |  |
| **Contact email:**  |  |
| **Trade Reference: (If no AIPH Full member in your country)** |
| **Organisation name:**  |  |
| **Contact name:**  |  |
| **Contact email:**  |  |

I declare that the information above is correct and this business is applying to become an Affiliate Member of AIPH. I agree to pay the annual subscription charge (currently 500 Euro + VAT) and for this application to be considered at the next AIPH General Meeting.

**Signed: .......................................................................... Date:**

**Position:**