MEMBERSHIP APPLICATION FORM FOR
INDIVIDUAL IFAN MEMBERS

Individual IFAN members are persons who use standards in their day-to-day work or who are experts in standards and standardization.

Your title: Mr/Mrs/Ms/Prof/other, please state

First Name .................................................................................................................................

Family Name ............................................................................................................................

1. Give a brief outline of the area/s in which you use standards and your area/s of expertise in standards and standardization:
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2. Please provide details of any standards technical committee/s of which you are a member:
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3. Please give details of any papers and/or other publications in the field of standards and standardization:
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4. Please state the name of your national standards body:

5. Would you be interested in precipitating in any IFAN Working Groups? If so please indicate below:

   (Please check (✓) as appropriate)

   ❑ European group ❑ Asia Pacific Group ❑ WG 1 Promotion and awareness
   ❑ WG 3 Standards access & distribution training ❑ WG 8 Conformity Assessment
   ❑ WG 16 Education and training ❑ WG 17 IP and Standards

Your contact details:

Job Title ................................................................................................................................. Tel ........................................................................

Email ................................................................................................................................. Mobile ........................................................................

Address

No., street ................................................................................................................................

City ........................................................................................................................................

Country ................................................................................................................................. Zip / Post Code ........................................................................

Please send this form by email to: secretary@ifan.org