



MEMBERSHIP APPLICATION FORM

Organisational Membership/Associations of Prosecutors

NAME IAP CONTACT WITHIN

APPLICANT ORGANISATION: MR. / MRS. / MS. _____

I, being duly authorised to do so, hereby apply on behalf for membership of the IAP on behalf of

NAME OF ASSOCIATION/
ORGANISATION:

OFFICIAL
ADDRESS

COUNTRY/
JURISDICTION

Tel: _____ Fax: _____

E-mail: _____

The applicant association agrees, if admitted, to adhere to the IAP Standards of Professional Responsibility and Statement of the Essential Duties and Rights of Prosecutors and to be bound by the Constitution (and Bylaws) of the IAP and encloses the following;

A copy of the Constitution, Bylaws and other rules and regulations of the applicant Association/Organisation

A certificate that confirms the number of members of the said Association/Organisation duly signed by its President/Director/Chair or Secretary

NAME OF PRESIDENT/DIRECTOR/
CHAIR/SECRETARY OF THE

ASSOCIATION/ORGANISATION: MR. /MRS. /MS. _____

ADDRESS:

SIGNED: _____ DATE: _____

PLEASE RETURN COMPLETED FORM TO:

THE INTERNATIONAL ASSOCIATION OF PROSECUTORS, HARTOGSTRAAT 13, 2514 EP THE HAGUE, THE NETHERLANDS, TEL: +31 70 363 0345 / FAX: + 31 70 363 0367/ E-MAIL: SG@IAP-ASSOCIATION.ORG / WEBSITE: WWW.IAP-ASSOCIATION.ORG