



IAP

International Association of Prosecutors

MEMBERSHIP APPLICATION FORM

Organizational Membership / Associations of Prosecutors

Name IAP Contact within
applicant organization:

Mr. / Mrs. / Ms. _____

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

Name of Association /
Organisation:

Official address:

Country / Jurisdiction:

Tel.: _____ Fax: _____

E-mail: _____

The applicant association agrees 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 enclosed the following:

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

A certificate that confirms the number of members of the said Association / Organization

Please state the number of prosecutors your Association represents: _____

Name of President / Director /
Chair / Secretary of the

Association / Organization: Mr. / Mrs. / Ms. _____

Address:

Signed:

Date: / /

Please return completed form to:

Bureau of the Secretary-General of the IAP

Hartogstraat 13, 2514 EP The Hague, The Netherlands

Tel: +31 70 363 0345 / Fax: + 31 70 363 0367/ E-mail: ed@iap-association.org / Website: www.iap-association.org