



IAP

International Association of Prosecutors

MEMBERSHIP APPLICATION FORM

Organizational Membership / Prosecution Services

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 Service:

Address of Service:

Country / Jurisdiction:

Tel.: _____ Fax: _____

E-mail (IAP Contact Person): _____

The applicant organization 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.

Annual budget of applicant Service:

Less than 5 million US\$ Between 5 and 20 million US\$ Larger than 20 million US\$

Please state the number of prosecutors working within the applicant organization: _____

Name of Head of Service: Mr. / Mrs. / Ms. _____

Designation 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