



## **IFIA Membership Request Form**

General Information	
Official Name of the Association:	in English:
	in the Native Language:
Abbreviation of Association	in English:
	in the Native Language:
Date of Constitution:	
Headquarters Address:	
Website:	
Email:	
Phone:	
Fax:	
Full Name of Head of the Association:	
Contact Person Full Name:	
Phone:	
Email:	

If the contact details of the applicant change, you shall keep IFIA office informed.

Palexpo, CP 112, Route François-Peyrot 30, 1218 Le Grand-Saconnex, Geneva, Switzerland T: +41 22 761 11 11 / F: +41 22 798 01 00 info@ifia.com





1.Briefly summarize the objectives and missions of your institution
2. Briefly summarize the activities of your institution
3. Briefly summarize both national and international projects already implemented in the field of invention and innovation?
4. Briefly describe both national and international projects you plan to implement in the field of invention and innovation

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5. Indicate if your institution If so, with which ones? What	maintains close contacts with other international organizations? It kind of relation?
6. Briefly detail the interna	I structure of your institution (Full name/Position)
7. Number of the individual	members of your institution
Date:	Head of the association's Signature
Please return this form, duly completed with a membership request letter addressed to IFIA President, Mr. Alireza Rastegar to: info@ifia.com	
	s approved by IFIA Executive Committee, you are required to submit a photo

of the president, a copy of statutes, a notice of establishment and a logo of the institution to be uploaded on

(You can find a sample of membership request letter in the same page)

IFIA official website.

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