



Association Internationale pour l'Etude des Argiles

MEMBERSHIP APPLICATION FORM

Family Name		Given Name	
Title	Phone	Email	
Institution			
Mailing Address			
Type of membership*		Amount of dues	for years
Your Society			
<i>If you are an individual member of an affiliated Society, give the name of the Society</i>			
Passport or ID card			
<i>Country of issuing and number</i>			
Date		Signature	

CHANGE OF ADDRESS NOTICE

Family Name		Given Name	
Title	Phone	Email	
Institution			
Mailing Address			
Your Society			
Date effective		Signature	

Fees: \$30.00USD/4-year individually; \$15.00USD/4-year student or retiree; \$100.00USD/4-year corporate sponsor.

*student/retiree - professional - corporate

Note: Affiliated Societies pay dues on behalf of their members.

Payment by PayPal and credit card: visit www.aipea.org/membership.html

Wire Transfer: emailing treasurer alberto@ugr.es