**IASE Membership**

**Date:-**

 (month/day/year)

Please print clearly

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First name**: |  |
| **Address:** |  |
| **City**: |  | **State/Province:** |  |
| **Postal code:** |  | **Country:** |  |
| **E-mail:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*Membership type** |  **US** | (check applicable) | **Name** | **Amount** |
| ***Institution***  |  | **$70** |  |  |  |
| ***Regular***  |  | **$50** |  |  |  |
| ***Sponsorship***3 or more sponsored individuals – please state number here and attach details in page 2 below. Thanks) | **$20****/person** |  | (Name and email of sponsored) |  |
|  | (Name and email of sponsored) |  |
| ***Student*** |  | **$20** |  |  |  |
| ***Developing economy***  |  | **$20** |  |  Please refer to website for qualifying countries. |  |
| ***Marg Csapo Scholarship*** (Donation) | **$\_\_\_\_\_\_** |  |  |  |
|  |  |  |  |  **Total** |  |
| ***PAYMENT DETAILS*** :

|  |  |  |
| --- | --- | --- |
|  VISA Master Card  Discover | Name of Card holder (print):Credit card number: Expiry date: |  ChequePayable to:**IASE, US funds**   Authorized.net*(Please follow link on the website @*[*www.iase.org)*](file:///%5C%5Cchhs-wl%5Cstaff%5Cdrower%5CDesktop%5Cwww.iase.org%29) |
| **Billing Address** : |

 |
| Please send your membership form :-* Mail : IASE Treasurer,PO Box 2159, Mesa, AZ 85214, USA
* E-mail : [irisdoug@cox.net](file:///C%3A%5CUsers%5Cdrower%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C3CH0D03H%5Cirisdoug%40cox.net)

|  |  |
| --- | --- |
| Acknowledgement of membership will be e-mailed to all members. |  Paper  |
| Please indicate your choice for receiving publication. |  Electronic |

. |

**Details of 3 or more sponsored individuals**

|  |  |
| --- | --- |
| **Name of sponsored individual** | **Email address** |
|  |  |
|  |  |
|  |  |
|  |  |

IASE’s builds on current and historical strength to attend to her mission statement of reaching out to the

wider international disability community. The following information that you provide will make a

difference to our outcome as an IASE team and is greatly appreciated.

|  |  |
| --- | --- |
| Name of member:-  | Country : |

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Check level of participation |  | Please specify where appropriate |
| Active participation  | Research |  |  |
| Practical |  |  |
| Profession (please check only 1) | Academic |  |  |
| Education |  |  |
| Therapy |  |  |
| Support service |  |  |
| Area of interest (check NOT more than 2) | Policy/management |  |  |
| Specific disability  |  |  |
| Transition / occupational |  |  |
| Social / Community |  |  |
| Advocacy |  |  |
| Communication/behavior |  |  |
| Others |  |  |
| Interest for participating in IASE programs  | Presentation |  |  |
| Sharing /Observing |  |  |

**Effective 28 June, 2017 IASE is implementing rolling membership dates. This means that an individual new membership will be effective for a year after payment is processed. Membership renewal will work similarly: membership will be extended for one year provided a renewal is processed before the membership expires. If a renewal is received after the membership has expired, the new expiration date of the membership will be one year after the renewal**.