Application form for IAHP Life Membership

CONTACT DETAILS - Please complete using BLOCK CAPITALS and black ink

Membership type	General Lifetim	Lifetime International Life time		Provisional Member (Student)
Title (please circle)	Mr Mrs Miss Ms Dr Professor Other -			
Full Name				
Gender			Date of Birth	
Designation			School / Branch of Psychology	
Contact Address				
State				
Country				
Postcode				
Email address – 1				
Email address – 2				
Mobile telephone			Work telephone	
			Home telephone	
Present Work				

QUALIFICATIONS - Please list here any degrees you hold or expect to obtain at the end of your present period of study. Please give them in date order, starting with the earliest.

Title and Classification of Qualification (with Topics as required)

Name of Awarding University or Institution

Duration

Date of Award or expected completion

Duration

Date of Award or expected completion

International Association of Holistic Psychology	www.iahp.in	- 2 -
Statement of Purpose (few lines about why you wan	nt to join IAHP?)	
DECLARATION		
The Application Pack should contain, 1. Signed & hand written Application Form 2. One photograph (pinned up / attached in email) 3. Photocopy of the last passed Degree Certificate		
I declare that the information given in this form and any sup agree to comply with the Charter, Statutes, Rules, Regula force. I understand that IAHP is a not for profit and non around the world.	ations and Code of Conduc	t of IAHP from time to time in
Signed:	Date:	_//

Online Submission - Email scanned copies to iahp.doc@gmail.com (Scanned application form & certificate copy with a photo)

If you have any queries regarding your application: E-mail info@iahp.in