**INSTITUTIONS MEMBERSHIP**

|  |
| --- |
| **Please complete & fax or e-mail this form for submission to IHRA – (Geneva, Paris, Barcelona)**  **Fax: +33 1 53013279 - E-Mail:** [**admin@IH-RA.com**](mailto:admin@IH-RA.com) |

* INSTITUTION’S NAME
* Address
* Postal Code
* Telephone
* E-Mail
* Web

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Title | E-Mail |
| CEO |  |  |  |
| Billing Contact |  |  |  |
| IHRA Representative |  |  |  |

**2016-2017 ANNUAL SUBSCRIPTION FEES**

**ANNUAL FEE 1000 €** *(Non-Refundable Membership)*

**PAYMENT DETAILS**

(Please check the appropriate box)

**Please charge my credit card:** □ Visa □ MasterCard

Name of card holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_CCV:\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Details for Wire Transfer to :CREDIT MUTUEL BANK in Paris France –BIC/SWIFT : CMCIFR2A**

2 rue de l’arrivee-75015 Paris-France

**IBAN= FR76 1027 8060 4500 0211 4080 165 (in Euro).**