



international association of physics students

6 Rue des Frères Lumières, BP 2136, F68200 Mulhouse Cedex, FRANCE. www.iaps.info
Tel +33 389 32 94 40 Fax +33 389 32 94 49 (European Physical Society)

Application for IAPS Membership as

LOCAL COMMITTEE

ORGANISATION

Name

(English)

(Native language)

Postal address

(Street Name) (House/Flat Number)

(Postcode) (City)

(Federal State) (Country)

(Address Supplements)

E-Mail

Website

Social Media

Phone

Fax

Date of foundation

EXECUTIVE COMMITTEE

Please list your representatives; please add an extra sheet if needed:

Function	Name	Email	Phone
President			
IAPS Representative			

Please **ALWAYS** keep your Executive Committee credentials up to date. Hence, please let IAPS know about upcoming committee elections:

Election period

Election date (estimated if not predefined)

ACTIVITIES

Please also indicate if the respective event is local/national/international, social/scientific/both, the average amount of participants, its effort small/medium/high and its duration

MEMBERS

Number of represented students

Number of individual members (if applicable)

The students' representatives of the **Local Committee** above declare that they have provided no wrong information and that they accept the Charter, Regulations, Code of Conduct as well as Terms & Conditions of the International Association of Physics Students (IAPS).

For completion of your IAPS membership application, please send this form signed to members@iaps.info.

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Place, Date	Signature	Stamp (if any)