

## Application for IPCP Membership as Associated Member

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Affiliation:  
(institution,  
city, country) \_\_\_\_\_  
\_\_\_\_\_

Degree(s): \_\_\_\_\_

Motive to join IPCP:

Summary of interests and professional activity related to the goals of IPCP:

The annual membership fee is USD 20.00 per person. Upon application, members from developing countries can have their fee waived.

I hereby declare that I want to join the International Panel on Chemical Pollution, IPCP, as an **associated member** (see by-laws for rights and duties of associated members):

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

I also want to sign the IPCP declaration at [www.ipcp.ch](http://www.ipcp.ch).

Please fill in and sign this form and send it by fax to +41-44-632 11 89 or scan it and send it as a pdf by e-mail to [membership@ipcp.ch](mailto:membership@ipcp.ch).