

ICSTI

Enabling Science and Innovation

International Council for Scientific and Technical Information

## Application for ICSTI Membership

I, *(Name, Surname, Position)*

hereby apply for ICSTI membership in the name of:

*Name and Address of Organization*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax \_\_\_\_\_ URL \_\_\_\_\_

for the purposes of which I have been duly authorized.

The organization applies as *(Circle Appropriate Class and Category)*:

- Class A Full Member
- Class B Full Member in dues category 1 / 2 / 3
- Class C Associate Member

and provides herewith information on its structure and activities in support of its application, such as annual report or other publicly available information.

The Representative(s) will be:

*Name, Surname, Position*

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax \_\_\_\_\_ URL \_\_\_\_\_

The Alternate Representative(s) will be:

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax \_\_\_\_\_ URL \_\_\_\_\_

Our membership shall become effective immediately after approval unless otherwise requested. I certify that our organization will comply with the Statutes and By-Laws of ICSTI.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***Please complete this application and send by mail to:***

ICSTI Secretariat

International Council for Scientific and Technical Information

5, rue Ambroise Thomas - 75009 Paris - France