



ICSTI Membership Application

I (*name, surname, position*),

hereby apply for membership in the International Council for Scientific and Technical Information (ICSTI) in the name of (*organization name, address, URL*)

Telephone _____ E-Mail _____

for the purposes of which I have been duly authorized. The organization applies as (*select class & category*):

Class A Full Member

Class B Full Member
in dues category*

Class C Associate Member

1 2 2.5 3

and provides herewith information on the organization's structure and activities in support of its application to the selected membership class, such as an annual report or other publicly available information.

The organization's representative(s) to ICSTI will be (*name, surname, position*):

Telephone _____ E-Mail _____

The organization's alternate representative(s) to ICSTI will be (*name, surname, position*):

Telephone _____ E-Mail _____

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.

For questions about accepted forms of information to provide in support of your selected membership class, or for copies of ICSTI's governing documents, please contact the ICSTI secretary at icstioffice@gmail.com.

Date _____ Signature _____

*Please refer to the [ICSTI Membership Information document](#) for details on Class B dues categories.

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