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|--|---|---------------------------|--------------------------|---|
| <p>Organisation or Professional Address</p> | Name | | | |
| | Street | | | |
| | City | | | |
| | Postal Code | | | |
| | Country | | | |
| <p>Please provide personal details of the member or, if organization, person who will be the TIGFI Coordinator</p> | Last Name | | | |
| | First Name | | | |
| | Position | | | |
| | Phone Number | | | |
| | Email Address | | | |
| <p>Nature of the Activity and Membership of the Organisation</p> | Description of Activity | | | |
| | <p>Regular TIGFI Membership</p> | Corporate / Institutional | <input type="checkbox"/> | <p>Please tick one box</p> |
| | | Personal Professional | <input type="checkbox"/> | |
| | | Academe or Retired | <input type="checkbox"/> | |
| | <p>Additional Supporting Membership</p> | TIGFI Charter Member | <input type="checkbox"/> | <p>Please support TIGFI by optionally ticking one box</p> |
| TIGFI Sustaining Member | | <input type="checkbox"/> | | |
| <p>Conditions of Membership</p> | The member fully accepts to abide by the TIGFI statutes | | | |
| | The member fully accepts to abide by the highest standards of professional excellence and ethical conduct, as embodied in the TIGFI Charter, at all times | | | |
| | The member fully accepts to actively support and contribute to the TIGFI activities | | | |
| | The member fully accepts to actively participate in TIGFI in a collaborative spirit and with respect for views and opinions of the other participants | | | |
| <p>Signature of the Individual or Authorized Representative of the Organisation</p> | <p><i>I hereby agree with the above Membership Conditions</i></p> | | | |
| | <p>Signature:</p> | | | |
| <p>Date:</p> | | | | |