

Membership Application

	IIFC Member Number (if applicable):			
Dr./Mr./Ms./Prof.	-			
	Surname		First/Middle Names	
Job Title/Position:				_
Employer/Company:	-			
Employer type:	Academic Corpora	te 🗌 Government 🗌 Sel	f-employed 🗌 Retired	
Address:				
City:		State/Prov./Pref.:	Postal/Zip Code:	
Country:		homepage (optional):		
		alternate email (optional):	:	
	e: Please attach a current ı	resume or CV		
I/we wish to join the I	nternational Institute for F	RP in Construction (IIFC)	as a (please tick one box)	
Member (US\$100)	Student Member (US	\$25) 🗌 Patron Membe	r (US\$500)	
Payment covers two y	ears of membership.			
·	_		all the privileges of IIFC membership. If ague to receive the privileges of membership:	
Dr./Mr./Ms./Prof.				
,,,	Surname		First/Middle Names	
Job Title/Position:			email:	
METHOD OF PAYME	NT (Payable in US Funds)	Cheques and money order	rs to be made payable to "IIFC"	
Check / Mone	y Order	[For Office Use Only	
	_		Date of Receipt:	
Visa	☐ Ma	stercard	Membership Number:	
	 	, , , , , , ,	Transaction Date:	
Cradit Card No.		Evaluation Data	Amount:	
Credit Card No.		Expiration Date	Authorization No: Invoice No:	
Name on Credit Card		CVC number	Invoice No: Journal Entry No:	

Submit to: IIFC Administrative Center c/o Queen's University
Department of Civil Engineering, Ellis Hall • 58 University Ave.
Kingston, Ontario, K7L 3N6, Canada
Email: iifc@iifc.org • Website: www.iifc.org

Signature of Cardholder

By submitting this application you agree to share your contact information with fellow IIFC members and any conference/organization associated with IIFC.