



IPRA

International Peace Research Association

INSTITUTIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW: RENEWAL: → Membership number:

Institution/Association:

Name of Director:

Address 1:

Address 2:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

Web site :

I apply membership into International Peace Research Association.

I hereby acknowledge by signing this application that the information provided above is true

Please send completed and signed application form as scanned copy to the ipramembership@iprapeace.org

Signature: _____ Date: _____