

Application for IPCP Membership as Associated Member

Last name: _____

First name: _____

E-mail address: _____

Affiliation:
(institution,
city, country) _____

Degree(s): _____

Motive to join IPCP:

Summary of interests and professional activity related to the goals of IPCP:

The annual membership fee is USD 20.00 per person. Upon application, members from developing countries can have their fee waived.

I hereby declare that I want to join the International Panel on Chemical Pollution, IPCP, as an **associated member** (see by-laws for rights and duties of associated members):

Place, date

Signature

I also want to sign the IPCP declaration at www.ipcp.ch.

Please fill in and sign this form and send it by fax to +41-44-632 11 89 or scan it and send it as a pdf by e-mail to ipcp@chem.ethz.ch.