



international association of physics students

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Application for IAPS Membership as

LOCAL COMMITTEE

ORGANISATION

Name

(in English)

Name

(in your language)

Postal address

(Please fill in the postal code, postal box, postal office etc)

City, Country

Email:

Website URL

Phone

Fax

Please fill in the country and region code

Date of foundation

 -

MM

YYYY

EXECUTIVE COMMITTEE

Please list your representatives:

Function	Name	Email	Phone
President			
IAPS Representative			

ACTIVITIES

Please list the main activities of your organisation

MEMBERS

Number of students you represent ;

Number of your individual members ;

Please list the possible member organisations

Name/URL	Address	Email	Contact person

INTERESTS

Please describe (in few words) your interests and expectations in IAPS

You may continue the answers to any of the questions to a different sheet if needed.

The students representatives of the **Local Committee** above declare that they accept the Charter of the International Association for Physics Students (IAPS).

Date

Signature

Stamp (if any)

DD

MM

YYYY

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