



IASE Membership 2018

Date:- _____
(month/day/year)

Please print clearly

Surname:	First name:
Address:	
City:	State/Province:
Postal code:	Country:
E-mail:	

*Membership type	US (check applicable)	Name	Amount
<i>Institution</i>	\$70 <input type="checkbox"/>		
<i>Regular</i>	\$50 <input type="checkbox"/>		
<i>Sponsorship</i> 3 or more sponsored individuals – please state number here and attach details in page 2 below. Thanks)	\$20 /person <input type="checkbox"/>	(Name and email of sponsored)	
		(Name and email of sponsored)	
<i>Student</i>	\$20 <input type="checkbox"/>		
<i>Developing economy</i>	\$20 <input type="checkbox"/>	Please refer to website for qualifying countries.	
<i>Marg Csapo Scholarship</i> (Donation)	\$ _____ <input type="checkbox"/>		
Total			

PAYMENT DETAILS :

<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	Name of Card holder (print): _____ Credit card number: _____ Expiry date: _____	<input type="checkbox"/> Cheque Payable to: IASE, US funds <input type="checkbox"/> Authorized.net (Please follow link on the website @ www.iase.org)
Billing Address :		

Please send your membership form :-

- Mail : [IASE Treasurer](#), PO Box 2159, Mesa, AZ 85214, USA
- E-mail : irisdoug@cox.net

Acknowledgement of membership will be e-mailed to all members.

Paper

Please indicate your choice for receiving publication.

Electronic

DETAILS OF 3 OR MORE SPONSORED INDIVIDUALS

Name of sponsored individual	Email address

IASE's builds on current and historical strength to attend to her mission statement of reaching out to the wider international disability community. The following information that you provide will make a difference to our outcome as an IASE team and is greatly appreciated.

Name of member:-	Country :
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Subject	Check level of participation	✓	Please specify where appropriate
Active participation	Research		
	Practical		
Profession (please check only 1)	Academic		
	Education		
	Therapy		
	Support service		
Area of interest (check NOT more than 2)	Policy/management		
	Specific disability		
	Transition / occupational		
	Social / Community		
	Advocacy		
	Communication/behavior		
Interest for participating in IASE programs	Presentation		
	Sharing /Observing		

Effective 28 June, 2017 IASE is implementing rolling membership dates. This means that an individual new membership will be effective for a year after payment is processed. Membership renewal will work similarly: membership will be extended for one year provided a renewal is processed before the membership expires. If a renewal is received after the membership has expired, the new expiration date of the membership will be one year after the renewal.