

MEMBERSHIP APPLICATION FORM

Please complete and return the signed form to the ICEM General Secretariat:

ICEM Secretariat
c/o Ray Laverty, SG
Pf 114
1011 WIEN; AUSTRIA
Tel. / Fax: 0043 660 5113241

Category of membership (PLEASE CHECK ONE)

Category	Annual fees	(tick)
1. Individuals	100 Euros	
2. Students and members who have retired	40 Euros	
3. Governmental and non-profit organizations; universities and other institutes of post-secondary education	205 Euros	
4. Commercial organisations (producers, distributors, manufacturers, etc.)	275 Euros	
5. National Representatives	950 Euros	

Please add any additional contact information as appropriate.

Name of applicant / (Contact person)	
Name of company / institution	
Address:	
City & postal code:	
Country:	
Tel.: / Fax.:	
Email: / Http:	

Optional: If you wish you may also provide the secretariat with some information regarding :

- A) Main activities and interests in the field of educational media (ca. 80 words)
- B) Forms of collaboration sought through membership in ICEM (ca. 50 words):

_____ Signature of applicant / contact person (and stamp)