

***[Please print out or re-write this form and send it to the IAAPA secretariat at:  
IAAPA, Vorbergstr. 9a, 10823 Berlin, Germany.]***

**Application for Membership in the**

**International Association Against Psychiatric Assault (IAAPA)**

I hereby apply for membership in the International Association Against Psychiatric Assault (IAAPA).

With this application I accept the conditions of membership as laid down in the statutes of the IAAPA published on its official website [www.iaapa.ch](http://www.iaapa.ch).

The annual membership fee is 10 Swiss Francs or 6 US\$ or 6 Euro.

Bank account: IAAPA, Credit Swiss: Albangraben 1-3, Basel, #0060-997776-51

I enclose a photocopy of my I.D., which includes a photograph.

[Please use block letters:]

First Name: .....

Last Name: .....

E-mail address: .....

Date: .....

Signed: .....

*[As soon as the secretariat receives your application by post, it will confirm receipt by e-mail.]*