

***[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.

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.]