



Membership Application Form

Personal and Billing Information		
Name of Institution/ Organization/ Corporation		
Website(URL)		
Department		
Phone		
Fax		
Address		
Billing address		
Head of Organization/Institution/Corporation		
Position (President etc.)		
Title (Prof./ Dr. etc.) *		
First name *		
Surname *		
E-mail address *		
Contact Person		
Position (Head of Department/ Researcher etc.)		
Title (Prof./ Dr. etc.) *		
First name *		
Surname *		
E-mail address *		
Please select the membership category you wish to apply for.		
<input type="checkbox"/> <i>University Accreditation (Certificate A)</i>	<input type="checkbox"/> <i>Educational Institutions Accreditation (Certificate B)</i>	<input type="checkbox"/> <i>Individual Accreditation (Certificate C)</i>
Payment Option: <i>If you like forwards the Demand Draft, kindly send DD in the name of “International Non-Olympic Committee” payable at Lucknow, India.</i>		
Date	Signature of the Applicant	