**INTERNATIONAL ASSOCIATION FOR RECONCILIATION STUDIES (IARS)**

*Registration Form*

|  |  |
| --- | --- |
| Title: |  |
| First Name (as in Passport): |  |
| Second Name (as in Passport): |  |
| Affiliation (if applicable) |  |
| Discipline |  |
| Faculty (if applicable) |  |
| Address (work) |  |
| Address (other) |  |
| E-Mail:  | E-Mail (other): |
| Professional Homepage: |  |

**Declaration:**

I hereby apply for membership in International Association for Reconciliation Studies (IARS)

Membership fees information:

Please make a circle around the yes for the option you chose. I ask for membership as

* A person who has a full and unlimited position (currently 50€ per year) yes/no
* A person who has a part time position,, a contract limited in time or a stipend (currently 30€ per year) yes/no
* A person who has no regular salary (currently 20 € per year) yes/no
* I ask for affiliated membership (currently 10€ per year). Yes/no. I am affiliated in the following institution who has institutional membership:

**Bank Details:**

|  |  |
| --- | --- |
| Account holder name | **Verein zur Förderung der Versönungsforschung und - praxis e.V.**  |
| Bank: | **Sparkasse Jena**  |
| IBAN: | **DE56 8305 3030 0018 0398 55** |
| SWIFFT: | **HELADEF1JEN** |
| Purpose: \* | **IARS membership fee 2021** |

**\* Reference, message to recipient or comments**

Date Signature

**Please attach:**

* **An actual CV**
* **A list of publications:**