



Annual dues: 25 USD

Application for INDIVIDUAL MEMBERSHIP

Prof/Dr/Mr/Mrs/Ms

First name:

Last name:

Address:

Country:

Please indicate whether this is your home or work address: Home address Work address

Tel:

Fax:

Please indicate country and city codes

E-mail:

Website:

Occupation:

Please select only your main field of occupation, as we can only list you under ONE category in the Ilera Membership Directory. In the Directory you can add/update your education, research subjects and publications.

- | | |
|---|--|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Journalist/Communications Specialist |
| <input type="checkbox"/> Arbitrator/Conciliator/Mediator | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Labour Law Specialist |
| <input type="checkbox"/> Civil Servant | <input type="checkbox"/> Non-Governmental Organisation Representative |
| <input type="checkbox"/> Employers' Organisation Representative | <input type="checkbox"/> Occupational Safety and Health/Labour Inspector |
| <input type="checkbox"/> Employment Relations Specialist | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Government Representative | <input type="checkbox"/> Student |
| <input type="checkbox"/> HRM Specialist | <input type="checkbox"/> Union/Workers' Organisation Representative |
| <input type="checkbox"/> International Civil Servant | <input type="checkbox"/> University Professor/Researcher |
| <input type="checkbox"/> Industrial Relations Specialist | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Judge | |

Do you agree to have your entry included, username and password protected, in the internet version of the Ilera Membership Directory? Yes No

I hereby undertake to accept, if admitted to the Ilera, the Ilera's Articles of Organisation.
I further declare that the above is a true statement:

(Place and date)

(Signature)