

IAC Association Membership

Application Form



Full na	ame of Association:		
Count			<u> </u>
Postal address:			
Phone number:		Web	site:
E-mai	l address:		
Year o	of establishment:		
Total l	Number of Members: _		
How 1	representative is your Ass	ciation in your country (percent	rage of total sector)%
Name	/email address of:		
•]	President/Chairperson:		E:
• 9	Secretary/Lead Officer:		E:
Docı	ıments: Please provide	nks to the following documents	s, or, email them with the completed form.
☐ Link to Association's Governing Documents:			
		_	
	Copy of your Association's Code of Conduct:		
	1,000):
Nama	/amail address of main	ntaat Daraani	г.
Name/email address of main Contact Person : Signed (on behalf of the Association):			
Signec		Name:	
	P1111(Natific.	
Please	return the completed ap	cation form and related Docur	ments to: ceo@iac-irtac.org
Than	k You		

IAC – Connecting Counsellors Worldwide

For all enquiries relating to Association Membership,

Contact Us: Full details on: www.iac-irtac.org

please contact the IAC CEO: Mr. Naoise Kelly Email: ceo@iac-irtac.org

