



Individual Membership Application Form				
Individual Member	First & Last Name			
	Street			
	City			
	Postal Code			
	Country			
	Phone Number			
	Email Address			
Nature of the Activity of the Member	Description of Professional Activity			
	Professional Qualifications			
	Professional Affiliation			
	Regular LIGFI Member Group	Individual members		
	LIGFI Charter Member	Yes	<input type="checkbox"/>	Please tick one box
	No	<input type="checkbox"/>		
Conditions of Membership	The Member fully accepts to abide by the LIGFI Statutes	Yes	<input type="checkbox"/>	Please tick one box
		No	<input type="checkbox"/>	
	The Member fully accepts to abide by the highest standards of professional excellence and ethical conduct in his professional activities	Yes	<input type="checkbox"/>	Please tick one box
		No	<input type="checkbox"/>	
	The Member fully accepts to actively support and contribute to the LIGFI activities	Yes	<input type="checkbox"/>	Please tick one box
		No	<input type="checkbox"/>	
	The Member fully accepts to actively participate in the LIGFI Work Committees and Taskforces in a collaborative spirit and with respect for views and opinions of the other participants	Yes	<input type="checkbox"/>	Please tick one box
		No	<input type="checkbox"/>	
Signature of the Individual Member	Signature			
	Date			