

University Membership Application Form

Name of university	
Legal seat address	
Website	
Public email address	
Year of foundation	
Principal departments (subjects of faculties)	
Degrees offered	
Size	Full professors: Students:
Representative towards IFHTSE:	
Name (first and second)	
Department and position	
Email	
Postal address	
City, Postcode	
Country	
Telephone	
Cellphone	
Invoice address (if different):	
Name	
Email	
Postal address	
City, Postcode	
Country	

Further contact person (optional):	To be informed as .cc of communications from IFHTSE to the member
Name (first and second)	
Department and position	
Email	
Postal address	
City, Postcode	
Country	
Telephone	
Cellphone	

The above-named university hereby applies for membership in the International Federation for Heat Treatment and Surface Engineering and agrees to pay the annual subscriptions on receipt of invoice until further notice.

Name of legal representative (block capitals).....

Place, Date

Signature

Further recipients of IFHTSE bulletins (optional)	Add further rows if required
Name (first and second)	Email