

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:	
Family Name	
Given Name	
Department and position	
Email	
Postal address	
City, Postcode	
Country	
Telephone	
Cellphone	
Invoice address (if different):	
Family Name	
Given Name	
Email	

Postal address	
City, Postcode	
Country	
Further contact person (optional):	To be informed as .cc of communications from IFHTSE to the member
Family Name	
Given Name	
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
Family Name, Given Name	Email