



APPLICATION FORM FOR MEMBERSHIP

1. **Name of National PWS Association**

Date of Registration

Address:

Tel No. Fax No. email:

2. **How many members are there in your PWS Association?**

Your Association should appoint up to two parent and one professional delegate(s) to represent your country in IPWSO. Their names, addresses, telephone, fax and email should be given below and they will be added to our lists. It is essential that they are able to correspond in English and that they are able to organise the distribution of IPWSO material within your country. They should also be prepared to attend the General Assembly held every 3 years in conjunction with International PWS conferences, or assign a proxy.

3. **IPWSO Parent Delegate:** Name(s) (1).....

(2).....

Address(es): (1).....

(2).....

(1) Tel No. Fax No. E mail:

(2) Tel No. Fax No. E mail:

4. **IPWSO Professional Delegate:** Name

Address:

Tel No. Fax No. E mail:

The above delegate(s) are forwarded on behalf of our National PWS Association

Signed: **President National PWS Association**

Name (Printed)

Thank you for your application. This can be emailed, faxed, or mailed to the address below:

Giorgio Fornasier, Chief Executive, IPWSO

c/o **BIRD FOUNDATION ONLUS,**

Via Bartolomeo Bizio 1,

1-36023 Costozza (VI) Italy

Main Office: c/o B.I.R.D. Europe Foundation Onlus

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<http://www.ipwso.org>