
IALP INDIVIDUAL MEMBERSHIP APPLICATION FORM

Dear Colleague,

On behalf of the IALP I would like to thank you for considering membership in our global organisation of professionals.

As an individual member you will receive the following:

1. opportunity to contribute to the infrastructure of IALP committees and support the activities of IALP;
2. opportunity to collaborate with colleagues throughout the world on matters of interest to the professions;
3. our scientific journal, *Folia Phoniatrica et Logopaedica* (6 issues per year);
4. opportunity to benefit from special reduced rates for registration in the triennial congress and other scientific meetings of the IALP;
5. opportunity to obtain global voice to impact the lives of individuals with communication disorders;
6. Engage with our vision and mission:

IALP Vision

IALP has a global vision to facilitate better understanding, knowledge and care of all those with communication and swallowing disorders.

IALP Mission

The mission of IALP is to improve the quality of life of individuals with disorders of communication, speech, language, voice, hearing and swallowing.

IALP will:

- i. facilitate science, education, and clinical practice through international cooperation and collaboration;
- ii. create and share knowledge, skills and information;
- iii. provide a platform for international networking and advocacy.

For one calendar year, the **IALP membership fee is EUR145.00.**

You can make your dues payment in two ways:

1. through bank transfer: Should you choose this mechanism, kindly transfer funds to the address below. Please ensure your remittance is free of transfer charges for IALP.

Société de Bank Suisse (UBS)
Place St-François 16
CH-1002 LAUSANNE
Switzerland

IBAN Nr: CH62 0024 3243FS12 2925 0
EUR Account Nr: 0243 - FS-122-925.0 SWIFT-
code: UBSWCHZH80A

2. By credit card (with 5% extra charges)

Should you have any difficulties forwarding your dues payment or have questions about the procedures feel free to contact the IALP Office at (office.ialp.info)

Yours sincerely,

Lilly Cheng Ph.D
IALP President

In order to facilitate administration, **please return a scanned or printed copy of your payment by email or by post to the IALP Office**

IALP Office
Attn. Ms. Vanessa Borg
32, Flat 1,
Francesco Buhagiar Street Birkirkara
BKR 1154
Malta
E-mail: office@ialp.info

FOR PAYMENTS BY CREDIT CARD

To help cover the cost of collecting credit card payments, your fee will increase by 5% to €152.25

Eurocard / Mastercard

Visa

American Express

Card No. _____

CVC _____

Expiry date _____

Name _____

Address _____

Email address: _____

Date _____ (dd/mm/yy)

Signature _____

Thank You