TO: IDEM e.V. - The Institute for Democracy, Media and Cultural Exchange

FROM:

 Title and name

Address:

Tel:

Email:

Skype:

Professional Experience/ Profession:

I apply for an individual membership in IDEM e.V.

I hereby confirm that the information given in this application is correct, and that I support the aims and activities of IDEM e.V., as well as its Principles and Criteria.

I am aware that IDEM e.V. membership renews automatically at the beginning of each year, unless I sent to IDEM e.V. a written cancellation of membership with 3 months notice.

Date Signature

Dear applicant,

It will help to speed the process up if you send us the digital version of this application form to info@idem-institute.org.

Thank you very much for your membership!