

IMWA – INTERNATIONAL MINE WATER ASSOCIATION

Application Form



www.IMWA.info

CORPORATE MEMBER

Name of Institution _____

Name of authorized person (1st member) _____

Title _____

Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Headquarters located in _____ (City and Country)

Additional branches in _____ (City and Country)

Signature _____ Date of Application _____

Payment enclosed for calendar year(s) 20_____

Below 5 Members: EURO 160 / year

Credit Card: EURO 168 / year

Between 5 and 10 Members: EURO 320 / year

Credit Card: EURO 336 / year

Between 11 and 25 Members: EURO 800 / year

Credit Card: EURO 840 / year

Between 26 and 50 Members: EURO 1,600 / year

Credit Card: EURO 1,680 / year

Use current exchange rate to convert EURO to US Dollars when sending checks. **Do not send EURO checks to the Treasurer!**

Method of Payment:

Check**

Wire funds transfer***

Invoice

Visa Card*

MasterCard*

web page <http://www.IMWA.info/card>

*** Name on Card: _____

Card N°: _____ Exp. Date: _____

Signature: _____

*** Please send US checks payable to IMWA to:**

****Please wire funds to:**

Dr. Lee C. ATKINSON (Treasurer)
c/o HCLtasca Denver, Inc.
143 Union Blvd. Suite 525
Lakewood, CO 80228, USA
Telephone: +1 303 969-8033
Fax: +1 303 969-8357

send an e-mail to
treasurer@IMWA.info
to obtain our bank account
details. Please note that a \$US 7
bank fee will apply for payments
to IMWA's US account.

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TYPE OF INSTITUTION, ORGANIZATION OR FIRM

National Enterprise

Private Society

University

Industrial Company

Research Institute

Government

Consulting Firm

Other (please state) _____

MAIN LINE OF WORK (Please use extra sheet if necessary)

MAIN ACTIVITIES AND EXPERIENCE (Please use separate sheet if necessary)

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Additional member

Name and Surname _____

Title/Major _____

Business Name and Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Residence Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Additional member

Name and Surname _____

Title/Major _____

Business Name and Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Residence Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Additional member

Name and Surname _____

Title/Major _____

Business Name and Address _____

Telephone No. _____ Fax No. _____ E-mail _____

Residence Address _____

Telephone No. _____ Fax No. _____ E-mail _____