



## ORGANISATIONAL MEMBERSHIP APPLICATION FORM

ORGANISATION NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF FOUNDING: \_\_\_\_\_

CURRENT EXEC DIRECTOR or CEO: \_\_\_\_\_

TYPE OF ORGANISATION: \_\_\_\_\_

MISSION: \_\_\_\_\_

NUMBER OF MEMBERS: \_\_\_\_\_

ANNUAL REVENUE: \_\_\_\_\_

ANNUAL EXPENDITURES: \_\_\_\_\_

Does your organization have Statutes / Bylaws? \_\_\_\_\_  
Please submit these if available

REASONS FOR REQUESTING ORGANISATIONAL MEMBERSHIP:

\_\_\_\_\_  
\_\_\_\_\_

Please attest to the following:

Our organisation is nondiscriminatory with regard to age, sex, sexual orientation, gender identity, race/ethnicity, color, religion, creed, national origin, ancestry, age, veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status. \_\_\_\_\_

As an Organisational Member of IUSTI, we intend to actively promote IUSTI among our members and constituents. \_\_\_\_\_

Please return the completed form to the IUSTI Membership Secretary: [membership@iusti.org](mailto:membership@iusti.org)