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The International Federation of Nonlinear Analysts



“Global Diversity, Cooperation, Collaboration”

IFNA Membership Application

Date: _____ / _____ / _____

Name: _____
 First *Middle* *Last* *Salutation*

Personal Information (please print)

Mailing Address: _____

_____ *City* *State/Province* *Zip/Postal code* *Country*

Email: _____

Affiliation: _____

Membership Type

Regular Member	\$ 60	<input type="checkbox"/>	Five-year Membership		
Academic Member	\$100	<input type="checkbox"/>	Regular Members	\$250	<input type="checkbox"/>
Student Member ↻	\$ 10	<input type="checkbox"/>	Academic Members	\$400	<input type="checkbox"/>
Educational Affiliate	\$250	<input type="checkbox"/>			
Industrial Affiliate	\$500	<input type="checkbox"/>	Life-time Member (for individuals 60 years of age or older)	\$600	<input type="checkbox"/>
Governmental Affiliate	\$400	<input type="checkbox"/>			

↻ If student member, given school and major: _____

Payment Amount (all rates in US\$)

Total due for membership selected above: \$ _____

Optional donation to IFNA: \$ _____

My total amount is \$ _____

Payment Method

Please enclose check or money order in US dollars made payable to IFNA with this application and mail to the address listed below. IFNA will also accept payment by credit card.

American Express VISA Master Card Check

Account number: _____

Name on card: _____

Expiration date: _____ / _____ / _____

Billing address: _____

Applicant's Signature

I verify that all the statements made on this application are true. This application cannot be processed without a signature.

Signature: _____

This membership form to:

IFNA c/o Rebecca Wooten, University of South Florida, CMC 319, 4202 East Fowler Avenue, Tampa, FL, 33620, USA .

An official nonprofit educational organization approved under section 501(c) (3).