



IACM

International Association of Catholic Missiologists

MEMBERSHIP FORM

* Please fill this form and send it to the IACM Secretariat (office@iacm-catholic.org) as an attachment from your personal email address. If necessary contact the Secretariat for clarifications.

MEMBERSHIP RENEWAL	NEW MEMBERSHIP APPLICATION
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CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof.	Other, specify:
FIRST NAME					LAST NAME:	
ADDRESS	Street		MAIN TELEPHONE:			
	Town/City		MOBILE PHONE			
	Post Code:		PRIMARY EMAIL:			
	Country		SECONDARY EMAIL:			
ECCLESIAL AFFILIATION (Order, Diocese, etc):						

ACADEMIC INFORMATION

ACADEMIC DEGREE	
ACADEMIC AFFILIATION (name of university, institute, etc.):	
FIELD OF RESEARCH	

MEMBERSHIP INFORMATION *

* For Existing Members only

IACM MEMBER SINCE (Year)			
TYPE OF MEMBERSHIP	Individual	Associate	Corporate Member

* For New Members only

TYPE OF MEMBERSHIP	Individual	Associate	Corporate Member
IACM MEMBER SUPPORTING THE APPLICATION (NAME)			

AGREEMENT TO ABIDE BY IACM STATUTES

By signing this form, I express my wish to renew or apply for membership in the International Association of Catholic Missiologists, and undertake to contribute actively according to my capacity to the mission of the Association as indicated in the IACM Statutes and By-Laws.

AGREEMENT TO PAY MEMBERSHIP DUES

1) I understand that **yearly payment of dues** is required in order to be considered as an Active IACM member and have the right to active and passive vote in IACM elections.

2) I agree to pay the **membership dues, every year by January 31**, and understand that as of January 2020 the annual membership fees are fixed as follows:

Individual Member	30 USD per year	or 27 EUR
Corporate member	150 USD per year	or EUR 134
Associate	10 USD per year	or EUR 9

3) I **choose to pay** the yearly fees as indicated below

Option 1* (Payment in EUROS)

I will pay my registration fee of EUR _____ by Bank Transfer to [Bank details on page 3]

* When paying please specify: [IACM Annual Membership Dues – **YOUR NAME**] as reference and send proof of bank transfer to IACM Treasurer (treasurer@iacm.org).

* Receipts of payment will be issued on request.

Option 2* (Payment in US Dollars outside USA)

I will pay the registration fee of USD _____ by International Bank Transfer from outside USA [Bank details on page 3]

Option 3* (Payment in US Dollars within USA)

I will pay the registration fee of USD _____ by US domestic Bank Transfer from within USA [Bank details on page 3]

I will pay my registration fee via electronic or other means of payment in agreement with the Treasurer.

DATE:		NAME: (write name here)	
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IACM Bank Account Details

Option 1 – To send Euros (EUR) to the IACM (through OMI General Administration)	
Account Title	Missionari Oblati di Maria Immacolata
Address	Via Aurelia, 290 00165 Roma Italy
Bank	Crédit Agricole – Cariparma
Address	Ag. Di Roma 34 – Via della Giuliana 41 Roma 00192 Italia
IBAN	IT34B 062300 504900 004346 1494
BIC	CRPPIT2P235
Notation	Credit 00-23120-001 IACM

Option 2 – To send US Dollar (\$) transfers to the US IACM Bank Account from OUTSIDE the USA (International Transfer)	
Bank Name	M and T Bank
Routing Transit Number, ABA	022000046
Bank Address, City & State	M and T Bank One M and T Plaza, Buffalo, NY 14203
SWIFT/BIC	MANTUS33BUF
Account Number	9864176558
Name	International Assoc. of Catholic Missiologist
CHIPS Participant	0555

Option 3 – To send US Dollar (\$) transfers to the US IACM bank account from INSIDE the USA (Domestic Transfer)	
Bank Name	M and T Bank NA
Wire Transfer Routing Number	022000046
Account Holder Name	International Assoc. of Catholic Missiologist
Account Number	9864176558
Bank Address, with City & State	M and T Bank One M and T Plaza, Buffalo, NY 14203