



APPLICATION FOR
ASSOCIATE MEMBERSHIP
 OF THE
INTERNATIONAL SOCIETY FOR
PHOTOGRAMMETRY AND REMOTE SENSING

Organization Name:	
Address:	
Telephone:	
Fax:	
Website:	
President/Head/Chair:	
E-mail:	
Contact Person:	
E-mail:	
Telephone:	
Number of individuals represented by your organization:	

Declaration:

We have read the **ISPRS Statutes and Bylaws** and herewith apply for:

Associate Membership in Category 1 / 2 / 3 / 4 (please select category)

Enclosed are: *(Please submit)*

- a. A brief statement of our organization's activities in photogrammetry, remote sensing and geographic information systems.
- b. A list of organization officers and addresses.

Place Date Signature

To be returned to:

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 ISPRS Secretary General
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