



Membership Application

IAWHP e.V.
c/o Zentrum Welterbe Bamberg
Untere Mühlbrücke 5
96047 Bamberg
Germany

Tel.: 0951 / 87-1810
mail info@iawhp.com
web www.iawhp.com

Personal Information

First Name _____
Middle Name _____
Last name _____
Title _____
Birth Date (dd.mm.yy) _____
Nationality _____
Address _____

Phone Number _____
Email _____

Professional Information

Profession _____
Institution _____
Address _____

Phone Number _____
Fax _____
Email _____
Payment Method _____

Areas of Interest

Cultural Heritage
Documentary Heritage
Living Heritage
Natural Heritage
Archaeology
Architecture/Design
Building Conservation
Cultural Landscapes
Cultural Tourism
Interpretation
Museology
Planning and Management
Post-Conflict
Urban Planning
Africa
Americas and Caribbean
Asia-Pacific
Europe
Middle East and North Africa

Are you a WHS Alumna/
Alumnus? _____

Year of Graduation _____

I permit IAWHP e.V. to include the information provided here in the proposed online Members Database _____

Declaration

By submitting this membership application, I declare that:

1. I have read the IAWHP e.V. Statutes and IAWHP e.V. Privacy Policy and Terms of Use, and I agree to accept and adhere to them.
2. All information provided here is true and verifiable.
3. I will keep IAWHP e.V. informed about any changes to the information provided in order to ensure that my profile is kept up to date.
4. I permit IAWHP e.V. to use the provided information to create a database for managing IAWHP e.V. membership and activities.

Place, Date _____