



IMN - Application for Membership

First Name	<input type="text"/>
Last Name	<input type="text"/>
Institution	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>

I, the undersigned, hereby consent to:

- have my contact details published on the network website
- be added to the IMN newsletter

Location and Date	Signature
<input type="text"/>	<input type="text"/>