

## INTERNATIONAL ASSOCIATION FOR CHINA PLANNING

## **Membership Application Form**

## **Instructions**:

Please provide your information in this form and email it to iacp.webmaster@gmail.com and follow the instructions on membership page of IACP website to pay the membership dues.

## **Contact Information**

	Last	First	
Name:			
Affiliation:			
Job Title:			
Country:			
Address:			
City:			
State/Province:			
Otate/1 Tovince.			
Zip/Postal Code:			
Office Phone:			
Home Phone (optional):			
Email:			
Professional Experience	e and Interests		
Practice Type: (Please cl	hoose one)		
O Government		○ Faculty	
O Private Firm		O Researcher	
O Self-Employed		O Student	
O Other (Please spe	ecify):		

Professional Experience:				
1.				
2.				
3.				
Other Professional Associ	ciation Affiliations	3:		]
Home Page:				1
Professional Interests: (F	nunity) Planning	☐ Transporta☐ Land Deve☐ Infrastructi	elopment ure gional Economics ory	]
Membership and Paymen	t			
Member Type: (Please sel	ect one)			
O Regular	O Student	O Corporate	O Honorary	
Year(s) of Membership:  Payment Amount:				
Method of Payment: (Please select one)	1	Int name:  ► Email:		

(Please follow the instructions on membership page of IACP website to complete the payment.)