

THE INSTITUTE OF INTERNATIONAL LICENSING PRACTITIONERS*

APPLICATION FOR MEMBERSHIP

1. All Applicants

Class of Membership applied for: - Fellowship/Associate/Affiliate (delete as appropriate). (See Paragraph 4 for subscription rates)

Applicant's full Name:

Title and description of Applicant's firm or business and address:

.....

.....

Telephone No: *Fax:* *E-mail:*

How did you learn of the existence of the IILP?.....

Bank Reference

Name and address of Applicant's bank:

.....

2. Applicants for Fellowship and Associate Membership only

Applicant's relevant academic and / or professional qualifications:

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How long has the Applicant been engaged in licensing:

a) *as an independent practitioner?*

b) *in any other capacity?*

Countries in which the Applicant has:

a) *direct licensing experience?*

b) *branch offices or associates?*

Industries in which the Applicant has licensing experience:

.....

*Manner in which the Applicant charges for services (please tick **Ö** as appropriate):*

- () 1. *Specific or time-based, estimated in advance*
- () 2. *Time-based, accounted for during project*
- () 3. *Speculative basis and either 1 or 2*
- () 4. *Speculative basis only*

* A company limited by guarantee.

Names and address of two clients to whom reference may be made about Applicant's licensing work:

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3. Applicants for Affiliate Membership only

Applicant's principle area of professional / commercial activity:

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Applicant's reasons for wishing to have links with the IILP (please state fully)

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Name and address of character reference:.....

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Name and address of one client/customer to whom reference may be made about applicant's principle area of activity:

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4. All Applicants please note the following:

- Fellowship, Associate Membership and Affiliate Membership is open to Individuals only.
- Entrance Fee currently is **£45.00** for all classes of membership.
- Annual subscription currently (January - December) is:

Fellows	£95.00 *
Associate Members	£95.00 *
Affiliate Members	£85.00 *

***minus £10.00** discount for prompt payment

- The Executive Committee, under the Articles of Association of the Institute, has complete discretion to accept or reject any application for Fellowship, Associate Membership or Affiliate Membership and is under no obligation to give any reason for its decision.
- Applicants are requested NOT to send their entrance fee or annual subscription until they have been notified of their election.

Declaration to be signed by Applicant

**To: The Membership Secretary
The Institute of International Licensing Practitioners
Oxford Centre for Innovation, Mill Street, Oxford OX2 0JX, England**

I herewith apply for election for Fellowship/Associate Member/Affiliate Member of the Institute of International Licensing Practitioners and I request you to place my application before the Executive Committee at its next meeting. In support thereof I submit the above information which to the best of my knowledge and belief is accurate and true.

I have read both the Summary of the Memorandum and Articles of Association and the complete Code of Conduct and I hereby agree in the event of my election to be governed by the said Memorandum and Articles and by the Code of Conduct as these documents are now constituted or as they may hereafter be amended.

Signed:.....

Print name

Date:.....