



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 _____