



Institut Européen d' Education Familiale
European Institute for Family Life Education

Membership Application Form

Name of the Organization _____.

Year founded: _____.

Postal Address: _____.

_____.

Country: _____.

Phone number: _____.

Email Address: _____.

Web URL: _____.

NFP method taught: _____.

Primary contact information

Name: _____.

Email Address: _____.

Postal Address: _____.

_____.

Phone number: _____.

We are submitting the following documents with our membership application:

- Three year activity report on the work of their organization in different fields (FLE, teacher training, research, outreach)
- The Constitution / working document of our organization in English and in the original language (language: _____)
- Statutes and Bylaws of our organization in English and in the original language (language: _____)

We have read the IEEF guidelines and accept them.

Signature: _____