

**THE INTERNATIONAL RESEARCH  
GROUP ON WOOD PROTECTION**

APPLICATION FORM  
Membership

**Application for Membership of The International Research Group on  
Wood Protection (IRGWP)**

Read the Conditions for Membership, and the Statutes of the IRGWP before you fill out this form.

My application concerns      **regular**          **student**          **corresponding membership**

**Personal**

Family name                                  First name                                  male                  female

Title or occupation

Nationality                                  Date of birth (year, month, day)

Address of work or study including name of organization, university, firm etc

Email    Phone

Permanent home address

Email    Phone

**Statement of purpose** (Why do you want to become a Member? What contribution do you intend to make to the activities of IRG-WP and what benefits do you expect to gain?)

I have read Statutes and, if accepted as a Member, I agree to abide by these and to support and promote the objectives of the IRGWP.

I understand that I am required to pay an annual membership fee (NB. Applicable to regular and student members only).

I understand that I am required to submit a report of wood protection research and/or industrial activity in my country at the beginning of my term as member (NB. Applicable to corresponding members only).

Signature

Date

**For Student membership applicants only:**

Endorsement by Professor/Supervisor/Tutor

Signature

Date

**Please send the application form to:**

IRG Secretariat  
Box 5609  
SE-114 86 Stockholm, SWEDEN

**or, save this completed PDF and email as  
an attachment to: [irg@ri.se](mailto:irg@ri.se)**

**THE INTERNATIONAL RESEARCH  
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CONFIRMATION

**IRGWP Students Membership – Annual Confirmation of Eligibility**

Name of Student Member

Name of Educational/Research Institution

Address

Phone

E-mail

This is to confirm that

is engaged in a continuing course of study/research at this Institution, in the area of

Name of Professor/Supervisor/Tutor

Phone

E-mail

Signature

Date