Membership Application Form – International Police Network (IPN)

INTERNATIONAL POLICE NETWORK (IPN)
Association governed by the French law of 1901 · 2 avenue Becquerel, 92600 Asnières-sur-Seine, France
SIRET: 104 949 268 00015 · RNA: W922023293
Please return the completed form to: ipn.section.france@gmail.com

1. Type of membership

☐ Volunteer member

☐ Benefactor member

☐ Associate member (patner / legal entity)

Annual membership fee : 80 €

2. Member identity

Field	To be completed
Title	☐ Ms. ☐Mr.
Last Name	
First Name	
Date of birth	
Place of birth	
Nationality	
Postal address	
¨Postal code / City / Country	
Phone number	
E-mail address	

3. Professional status

Field	To be completed
Status	☐ Active duty ☐ Retired ☐ Reservist ☐ Other : ……
Corps / Institution	☐ National Police ☐ Gendarmerie ☐ Municipal Police ☐ Foreign Police ☐ Other :
Rank or position	
Department / Unit	
Country	

4. Motivation (optional)

……

……

5. Payment method for the membership fee

☐ Bank transfer (bank details will be sent once the form has been received)

☐ Cash (a receipt will be issued)

6. Member commitments

☐ I declare that I have read the association's bylaws and internal regulations and accept them.

☐ I undertake to uphold the association's values : **Service, Coopération, Intégrity**.

☐ I certify on my honor that the information provided is accurate.

7. Personal data protection (GDPR)

The information collected is intended for the management of memberships of the International Police Network, the data controller. It is kept for the duration of the membership, then for the applicable legal retention periods. In accordance with Regulation (EU) 2016/679 and the French Data Protection Act ("Informatique et Libertés"), you have the right of access, rectification, erasure, restriction, objection and portability, which you may exercise by writing to the association's postal address. You may also lodge a complaint with the CNIL (www.cnil.fr).

.

☐ I agree to my data being processed for the management of my membership.

☐ I agree to receive communications from the association by email.

☐ I authorize the association to use my image in its publications (optional).

8. Signature

Done at : ……..…… Date: …… / …… / ……

Member's signature, preceded by the words << Read and approved >> :

For association use only

File received on: …… / …… / …… Member N° : ……

Membership fee collected : ☐ Yes ☐ No

Membership approved by : ……