



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

Membership Application Form

Name of the Organization _____.

Postal Address: _____.

_____.

Country: _____.

Phone number: _____.

Email Address: _____.

Web URL: _____.

Year the Organization was founded in: _____.

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 organisation 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 organisation in English and in the original language (language: _____)

We have read the IEEF guidelines and accept them.

Signature: _____