

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

Name of Student Member \_\_\_\_\_

Name of Educational/Research Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

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 \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**For use by IRG Secretariat**

Date received \_\_\_\_\_ Date acknowledged \_\_\_\_\_