



APPLICATION FOR MEMBERSHIP OF  
International Association of Military Pedagogy

First names:	Surname:	.
.		
Country		
Address:		
E-mail:		
Telephone:		
Telefax:		
Academic degree and/or military rank:		
Place of employment:		
Profession and/or position:		
Name of the person / chapter who invited you to join:		
Additional information:		

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

Please send the filled in form to:  
**Department of Education / National Defence College**  
**P.O.Box 7**  
**FI-00861 Helsinki**  
**Finland**

You will be contacted by the association for further details.

For association use only	
Date of acceptance:	Signature:
Notes:	

