# MEMBERSHIP APPLICATION

## 1. MEMBERSHIP AND PAYMENT

**Fees** (Please indicate your category) :

| Membership Categories | | Membership Fees | | |
|---|---|---|---|---|
| | | Annual (12 months) | 3-Year | Life Membership |
| Individual Membership | Youth Membership (Up to age 30) | US$ 25 | US$ 60 | |
| | Regular membership | US$ 90 | US$ 200 | US$ 750 |
| | Citizen of LDC* | US$ 50 | US$ 100 | US$ 500 |

| Institutional Membership** (regardless of location) | Annual only | |
|---|---|---|
| | International Financial Institutions; All levels of government; Private sector companies | NGOs and Non-profit organisations, Universities, Think-tanks |
| | US$ 600 | US$ 350 |

* Reduced fees are available to nationals of countries included in the United Nations list of "Least Developed Countries" . **Please check this list if you wish to apply for reduced fees: Link: http://www.un.org/en/development/desa/policy/cdp/ldc/ldc_list.pdf**

** Institutional membership requires the nomination of one person who will represent that organisation and will vote on its behalf.

**Payment may be made in the following ways:**

1. Online, by credit card, via the IDEAS website (www.IDEAS-global.org).
2. A bank transfer in US Dollars may be effected to:
   International Development Evaluation Association, HSBC Bank plc, 38 High St, Exeter, Devon EX4 3LP, UK
   US$ Account Number: 58048829
   Branch Sort Code: 40 05 15
   Swift Code: MIDLGB22XXX
   IBAN: GB50 MIDL 4005 1558 0488 29

## 1. CONTACT DETAILS

Last Name: _____ First Name: _____ Title: _____ Male: ☐ Female: ☐

Language _____ Nationality _____(as on passport)

Birth date _____(ddmmyyyy)

IDEAS reserves the right to request documentation confirming age or nationality

Address: _____

City: _____ State & Country: _____ Postal code: _____

Telephone code: _____ Work: _____ Home: _____

Fax: _____ E-mail: _____

Would you like your e-mail address to be added to our ListServ, to facilitate communication between IDEAS members?

Yes ☐ No ☐

## 2. MONITORING AND EVALUATION OR DEVELOPMENT AGENCY OR ACTIVITY with which you are associated:

*Name of Organisation:* _____

State / Local Agency ☐ Corporation/Private Sector ☐ Evaluation Consultant ☐ Govt / Federal Agency ☐

Non-Profit Organisation ☐ Research / Consulting ☐ College/University ☐ Int. Develop. Agency ☐

Other (Specify) ----------

**PLEASE EMAIL YOUR MEMBERSHIP APPLICATION TO**

**IDEAS Coordinator at** ideascoordinator@gmail.com

## Welcome to IDEAS!