



THE INTERNATIONAL RESEARCH INSTITUTE
for ARCHAEOLOGY and ETHNOLOGY
unearthing world cultures

IRIAE Membership Request Form

Name: _____ Surname: _____

Date of birth: ____/____/____ Place of birth _____

Nationality _____

Resident at _____ Country _____

Full address _____

E-mail: _____

Mobile phone: _____

Other telephone number: _____

Qualification:

Highest qualification _____

Other academic qualifications _____

Job description _____

I declare

- That I have read the IRIAE statute and with this form subscribes to this statute in its entirety.
- To be aware that sending this form does not lead to automatic registration in the Database of IRIAE Ordinary Members/Collaborators.
- To be aware that my Curriculum Vitae (which will be sent together with this form) will be examined by the Executive Board (hereinafter EB) of IRIAE which will evaluate its compliance with the required skills and qualifications.
- To be aware that upon positive evaluation, an interview will be requested with one of the members of the Board who will choose whether or not to include the candidate in the list of Ordinary Members/Collaborators.
- To be aware that inclusion in the Database will take place only after the aforementioned two steps have been passed and that, finally, after communication of the outcome by the secretariat, it must be completed with the payment of the subscription (€100.00) no later than beyond 5 working days from the communication by the EB, upon expiry of which, in the absence of payment (evidenced by the sending of the bank transfer receipt to the secretariat), the request will be cancelled.
- To be aware that, upon positive evaluation, the subscription of €100.00 will be paid through one of the following methods:
 - o PayPal at info@iriae.com
 - o Bank transfer to the account held in the name of:
International Research Institute for Archaeology and Ethnology
IBAN: IT 19 C 02008 03475 000104290179
BIC/SWIFT: UNCRITM1F02
- To be aware that inclusion in the Database does not guarantee a job position, but the possibility of being involved in projects and expeditions where skills consistent with one's own are required.

International Research Institute for Archaeology and Ethnology

Via Mezzocannone 109 – 80134 Napoli (Italy)

www.iriae.com - secretarygen@iriae.com

Mobile: (+39) 329 4292819

- To be aware that it will be the EB's decision whether to include the candidate as a Senior or Junior Collaborator based on the evaluation of qualifications, skills, publications and experience.
- To be aware that once entered into the Database of Ordinary Members/Collaborators of IRIAE it will be my responsibility to renew my membership every year no later than January 31st with the payment of the registration fee.
- To be aware that failure to pay the registration fee will accumulate a late payment which the Member will have to pay at the first available meeting opportunity (project, expedition, event, meeting, members' meeting, conference, etc.).
- To be aware that after three years of non-payment I will lose my status as a Member with consequent cancellation from the Database and that if I wanted to rejoin IRIAE I would have to repeat the registration request procedures.
- To be aware that voluntary exit, either due to demerits or lack of renewal, does not entail the refund of previous membership fees paid.
- To be aware that, once admitted into the Database, it will be my responsibility to send any updated CV to the secretariat in the years to come.

Therefore, I ask:

to be subjected to a curricular evaluation and interview for the first registration on the lists of Ordinary Members/Collaborators of IRIAE for the current year.

I authorize the processing of personal data pursuant to Legislative Decree 196/03.

Place and date _____

Signature

Reserved for the IRIAE secretariat.

Phase I (CV Evaluation)	Phase II (Interview)	Phase III (Payment of fee)
<ul style="list-style-type: none"> • Approved • Not approved 	<ul style="list-style-type: none"> • Approved • Not approved 	<ul style="list-style-type: none"> • Paid • Not paid

Registered on ___/___/___ with register number _____

Place and date _____

Stamp and signature of the person in charge