

INLPTA membership

application form



The Candidate was certified by:

Name of the certifying INLPTA Master-Trainer(s):

Company:

Country:

Date:

certified as: INLPTA-Trainer / INLPTA-BusinessTrainer/ INLPTAMasterTrainer

Personal Data:

Female Male Other

*Title:

*First Name:

*Last Name:

Birthday:

Personal Private Address:

Address:

Address

City:

Postal Code:

Country:

Mobile tel:

Email:

Official / Business / Company Address: (for orders, invoices, deliveries)

*Institute/Business/Company:

* Name:

*Address:

*Address

*City:

*Postal Code:

*Country:

*Tel:

*Email:

*Website:

Agreement with publishing your personal data

NOTE:

*these items will/can be listed on the online trainer database. Please agree with your signature that we are allowed to publish your personal data in the online trainer database at INLPTA website.

We do follow the EU standards for privacy GDPR, DSGVO and keep your information private and secure and do not share it with anyone.

signature of the candidate

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Membership fee

- to membership is 119 Euros yearly. (Incl. VAT)
 - the membership will be automatically renewed.
 - we will charge you the membership fee around the beginning of the year.
- membership for the next year can be cancelled up to 3 months before the end of the year.
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Agreements

The candidate demonstrates with his signature below that he is in alignment with the **INLPTA Code of Ethics**:

signature of the candidate

The candidate demonstrates with his signature below that he is in alignment with the **INLPTA membership agreement**:

signature of the candidate

The candidate demonstrates with his signature below that he is in alignment with all the **INLPTA standards**:

signature of the candidate

NOTE: You have to enclose a copy of your INLPTA Trainer Certificate.
Send this application form and the copy to the address below.

The candidate demonstrates with his signature below his agreement with the membership rules on this application form and **apply for membership**.

signature of the candidate

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