

# Membership Application

Status: 2021-2-26

Please fill out the membership form, sign it and send it via e-mail to the Secretary General, Angela Hoffmeyer, [angela.hoffmeyer@twohomes.org](mailto:angela.hoffmeyer@twohomes.org) or via regular mail to the General Secretariat: Stiftsgasse 6, 53111 Bonn, Germany.

I herewith confirm my Membership in the International Council on Shared Parenting (ICSP) and accept the by-laws of the ICSP (available at [www.twohomes.org/about/](http://www.twohomes.org/about/)).

Title \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Country \_\_\_\_\_

Address (City, Street, No.) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Profession \_\_\_\_\_

Educational and professional background \*) \_\_\_\_\_

Experience / interest / activities related to shared parenting \*) \_\_\_\_\_

\*) Please feel free to add a separate page or to send a short biography.

Within the ICSP, I wish to belong to the following Sector (to be approved by the ICSP Board of Directors):

- ☐ Science
- ☐ Family Professions
- ☐ Civil Society
- ☐ I accept that the ICSP Board of Directors and the ICSP General Secretariat have access to my personal data in order to fulfill their duties. My personal data will be respected and protected by the ICSP and will not be published outside the ICSP without my consent unless legal constraints force the ICSP to do so.
- ☐ I give my consent that the following personal details are shared among the ICSP members for the purpose of open communication and discussion:  
Please **cross out** the elements **not to be shared** among ICSP members:  
title; first name; last name; country; city; phone number; mobile phone number; e-mail address; website; profession; educational and professional background; experience / interest / activities related to shared parenting; sector.

I will pay the annual membership fee of ☐ 50,-- EUR (minimum) ☐ 100,-- EUR (suggested)

☐ I request the Board consider adjusting my registration fee because \_\_\_\_\_

Would you like your fee to be credited to your bank account? (instructions will be sent separately) ☐ Yes ☐ No