



EUROPEAN ASSOCIATION OF TAX LAW PROFESSORS

Application Form for EATLP Membership

Candidates Family Name: _____
Candidates First Name: _____
Academic Institution: _____
Correspondence Address: * _____

Positions held (academic or otherwise): _____

Main Field(s) of Expertise _____

Telephone: Business _____
Home _____
Other ** _____
Fax: Business _____
Other ** _____
E-mail: Business _____
Other ** _____

* Please state both visitors and P.O. Box address details

** Please state whether this concerns a home, second business or mobile telephone number

Please enclose the following documents:

- " Curriculum Vitae and any relevant biographical information
- " Details of publications of which the candidate is author (or co-author)
- " Passport Photo

We would be grateful if you would also send your Curriculum Vitae and the details of your publications by e-mail, this will enable us to set-up a EATLP member database and a publications listing.

E-mail address: **j.straver@ibfd.org**

Please return this form and enclosures to:

Secretariat EATLP
c/o International Bureau of Fiscal Documentation
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