



Membership application (please fill with computer, not by hand!)

I hereby apply for membership in the association "Institute for Law and Society in Afghanistan e.V.".

Applicant's data

Official Name according to your passport/ID:

Family Name: _____ First Name: _____

Chosen name (if any): _____

Date of birth: _____ Academic Title: _____

City: _____ Country: _____

Phone: _____ E-mail: _____

Institution / position (if any): _____

Working languages: _____

Scientific fields of interest

You may check one or more boxes. ILSAF will invite members with matching interests to form thematic working groups or focal points for the respective field.

- | | | |
|---|---|---|
| <input type="checkbox"/> Constitutional Law | <input type="checkbox"/> Private Law | <input type="checkbox"/> Legal Anthropology |
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Legal Sociology |
| <input type="checkbox"/> Social & Labour Law | <input type="checkbox"/> Inheritance Law | <input type="checkbox"/> Legal History |
| <input type="checkbox"/> Police Law | <input type="checkbox"/> Commercial Law | <input type="checkbox"/> Political Theory |
| <input type="checkbox"/> Military Law | <input type="checkbox"/> Tax Law | ----- |
| <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Intellectual Property Law | <input type="checkbox"/> Restorative Justice |
| ----- | <input type="checkbox"/> International Private Law | <input type="checkbox"/> Transitional Justice |
| <input type="checkbox"/> Public International Law | ----- | ----- |
| <input type="checkbox"/> International Economic Law | <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Internat. Humanitarian Law | <input type="checkbox"/> Criminology | <input type="checkbox"/> Women's Rights |
| ----- | <input type="checkbox"/> International Criminal Law | <input type="checkbox"/> Children's Rights |
| <input type="checkbox"/> Islamic Law | ----- | <input type="checkbox"/> Refugee and IDP Rights |
| <input type="checkbox"/> Islamic Finance | <input type="checkbox"/> Customary Law | ----- |
| <input type="checkbox"/> Other: _____ | ----- | |

I agree to the electronic storage, processing and use of my member data for association purposes. I will inform the association of any changes.

With my signature I accept the statutes of the association. I will pay the membership fee on an annual basis and I will bear any additional costs such as bank charges.

Place and date

Applicant's signature