



**INTERNATIONAL ASSOCIATION
FOR LEGAL RESEARCH AND INVESTIGATORS**
NON-GOVERNMENTAL
I.A.L.R.I.

To be completed in the handwriting of the applicant and returned to:
The Head Office of the IALRI,
Saryan 21/4 , Yerevan 0002, The Republic of Armenia
Tel/ Fax: + 37410 53 00 45

Title: Mr. ☐ Ms ☐ Mrs. ☐ Miss ☐ Dr. ☐ Prof. ☐ Other Academic title(s) ☐ _____

Name _____

Middle Name _____

Surname (s) _____

Gender Male ☐ Female ☐

Date of birth _____

Place of Birth _____

Nationality _____

Street Address _____

Mailing Address _____

City _____

Country/Province/ State _____

Country _____

Work Telephone Number(s) _____

Home Telephone Number _____

Mobile Number(s) _____

Email (s) _____

Website _____

Please indicate years of relevant professional experience

Nil ☐ Less that 3years ☐ 3-5 years ☐

5-10 years ☐ 10+ years ☐

Qualifications

Please list your qualifications and attach photocopies

Note not clear or illegible photocopies are not accepted

Qualification

Certificate ☐ Diploma ☐ Bachelor Degree ☐ Graduate Diploma ☐

Master ☐ Doctorate ☐ Other, please specify ☐

Academy ☐ Institute ☐ University ☐

Other, please specify ☐

Profession(s)_____

Year Completed_____

Address(s)_____

City_____

Country_____

Province/ State_____

Street_____

Web-site (s)_____

Contact Email(s)_____

Contact telephone(s)_____

Please list five years past occupation /professional experience

(Use as much space as you need , if necessary add another page)

Title of position _____

Company /Organization name _____

Type : LLC ☐ LLP ☐ OSJC ☐ Government ☐ Special Services ☐

LTD ☐ CSJC ☐ SCSJC ☐ Police ☐

Other, please specify ☐ _____

MUST BE COMPLETED FOR A PRIVATE SECTOR ONLY

1 Business field(s) _____

2 Registration Address _____

3 Registration Date _____

4 Registration Number _____

Describe the type of work undertaken

REFERENCES

Without a resume, there may not be sufficient information that would assist to make a favorable decision resulting in your application being denied or deferred.

Please supply the names and addresses of three professional people who can provide a written reference as to your character and professionalism.

Have you been/Are you a member of any political party? YES ☐ NO ☐

If YES please give details_____

Are you a Member of any Association, Chamber or related Organization? YES ☐ NO ☐

If YES please give details _____

Has your license been suspended or revoked? YES ☐ NO ☐

Have you been convicted of a crime? YES ☐ NO ☐

If yes please specify_____

Declaration

I _____do state :

The information I have given in this application is true and correct, I request the IALRI's Board to consider my application for membership.

By signing this application I agree to abide to the Code of Ethics and Statutes of the Association in force.

1. Witnessed by

Contact details

2. Witnessed by
Contact details

3. Witnessed by
Contact details

Signature _____

Date _____