

# Application for Membership Association of IB World Schools in Italy (AIBWSI)

Please complete all details below and submit the completed application to the Chair of the AIBWSI

Name of school		
School year		
Address of school		
Phone number		
Fax number		
Website		
Head of school	Title	
	Name (First LAST)	
	Email	
	Phone number	

IB programmes offered: Please check (☑) all IB programmes for which the school is authorized and in good standing or is a candidate, and complete details about the coordinator(s).

Contact Information per IB Programme			
	PYP	Coordinator name (First LAST)	
		Coordinator email	
		Coordinator telephone	
		IB code of authorized school; otherwise "candidate"	
	MYP	Coordinator name (First LAST)	
		Coordinator email	
		Coordinator telephone	
		IB code of authorized school; otherwise "candidate"	
	DP	Coordinator name (First LAST)	
		Coordinator email	
		Coordinator telephone	
		IB code of authorized school; otherwise "candidate"	

The school head's signature below indicates understanding and acceptance of the terms and conditions as detailed in the constitution of the Association of IB World Schools in Italy, including agreement to pay the annual dues according to the school's status within the Association.

School head signature: \_\_\_\_\_ Date: \_\_\_\_\_

The AIBWSI Board President's signature below confirms acceptance of the school as:

*IB World School: full Association membership*     
  *Candidate School: non-voting Association membership*

AIBWSI Board President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

