

International Federation of Anthroposophic Therapies

INFORMATION FORM for IFAT MEMBERS & ASSOCIATE MEMBERS

Country:
Name Association:
Address:
Name Delegate:
e-mail:
e-mail treasurer:
website:
Number of Members:
• regular/registered membership:
• other types of membership (what are they?):
Membership fees for your association (include the different fees for different kinds of members):
• regular members:
• other:

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