Name

Profession

Postal Address

Telephone

E-mail

**Letter of Commitment for Ordinary Members of ICPS**

 Name formally declares his/her wish to become an Ordinary Member of ICPS.

I accept the statutes of ICPS and the conditions of the membership as an Ordinary Member.

I accept the visions of ICPS

* to promote the rights and welfare of people with cerebral palsy,
* to provide a network for people with CP, parents and professionals to exchange and share the expertise,
* to encourage new developments in all fields concerned with CP and research into its prevention and
* to promote co-operation and understanding and the exchange of information

and agree to cooperate with ICPS on them.

Date of application:

Signature: