



MEMBERSHIP APPLICATION

1. Name of the Local Branch _____

2. OBLIGATORY INFORMATION (Please fill all fields)

First name _____

Last name _____

Degree _____

Postal address _____

Nationality _____

E-mail address _____

3. OTHER INFORMATION (Voluntary)

Telephone _____

Birth year _____

Special interests (e.g. lobbying or mentoring in a specific field)

Date _____ Signature _____

Please return this form filled to the local branch of which membership you are seeking.