## MEMBERSHIP APPLICATION **ISCPES 2018**



TITLE	GENDER	EMAIL A	DDRESS	
☐ PROF. ☐ DR.	<ul><li>☐ MALE</li><li>☐ FEMALE</li></ul>			
☐ MR. ☐ MS.		PHONE N	NUMBER	
NAME				
		FAX NUN	MBER	
ADDRESS				
CITY	STATE/COUNT	RY	ZIP/POSTAL CODE	
MEMBERSHIP TYPE	FEES			
Individua	al 🔲 EURO 55,00 / U	EURO 55,00 / USD 60,00 /year		
Studer	nt 🔲 EURO 40,00 / L	☐ EURO 40,00 / USD 50,00 /year		
Lifetime and Partne	EURO 500,00 / USD 600,00 / one time			
date	signature			
	I agree to submit n	ny personal d	ata to the purpose of this form	
Please send your application form c/o: Prof. Pedro Guedes de Carvalho (ISCPES President)				





info.iscpes@gmail.com