## MEMBERSHIP APPLICATION ISCPES2022



TITLE	GENDER	EMAILADDRESS	
<ul><li>□ PROF.</li><li>□ DR.</li><li>□ MR.</li><li>□ MS.</li></ul>	☐ MALE ☐ FEMALE	PHONENUMBER	
NAME			
		FAXNUMBER	
ADDRESS			
CITY	STATE/COUN	ZIP/POSTALCODE	
MEMBERSHIP TYPE	ES FEES		
Individual Student/ Retire Institution Lifetime	EURO 80 ,00	<ul> <li>☐ EURO 120 ,00 / 2 years</li> <li>☐ EURO 80 ,00 / 2 years</li> <li>☐ EURO 300 ,00 / 2 years</li> <li>☐ EURO 500 ,00 / One time</li> </ul>	
date	signature		

Please send your application form c/o:

Jennie Yang Yang Xie (Membership Coordinator)

yangyang.xie@foxmail.com

