

# ISFAE Membership Application Form

ISFAE Individual Membership

ISFAE Student Membership

Organization/ Institution/ Department Membership

Prof.  Dr.  Mr.  Ms.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

ISFAE-Secretariat

Meri-Rastilantie 3B, FI-00980 Helsinki, Finland

Tel/Fax: 00 358 9 75 92 775

E-mail: [isfae@isfae.org](mailto:isfae@isfae.org)

Website: [www.isfae.org](http://www.isfae.org)