

Student Membership Form

Last name:

First name:

Date of Birth: DD/MM/YYYY

Sex: 1. Male 2. Female

Contact Information:

Home address :

Postal code :

Telephone:

Fax:

School address:

School name:

Laboratory name:

Postal code:

Telephone:

Fax:

Email address:

Scheduled year and month of graduation : MM/YYYY

Expected degree : 1. Bachelor / 2. Master / 3. Doctor