

International Society of Life Information Science (ISLIS)

Membership Application Form 2

Please write by the Block type

Name	given name	family name	Sex	Birthday
			M / F	year month day
Kind of membership (Please check)				
	Professional	Regular	Student*	General
				Practical
				Supporting Member (individual)
Recommenders If recommender is not, please leave in a blank.				
1				2
Address of your home				zip code
Telephone			Facsimile	
E-mail				
Contact destination		* Student member needs to send the copy of a student identification card.		
	Work place / Home			

Professional , Regular and Student member should fill in the following blank.

Name of work place and managerial position (Student should note the name of your school.)		
Address of your work place		zip code
Telephone	Facsimile	
E-mail		
Ordinary education University, College	Department	Graduation date
Advanced education Graduate school	Postgraduate course	
Special field	Graduation date	
Degree and Qualification		
(Doctoral degree, Master's degree, Bachelor's degree, Technical Degree etc.)		
Academic papers Professional Member should list three of your papers. Regular Member and Practical Member should list your papers or any other relevant reports.		

Speciality field		
Other academic societies to which you belong		