



To join IAEAC, please fill in this form and send it to our office at:

IAEAC

Postfach 46

CH-4123 Allschwil 2

Switzerland

Tel: +41 61 481 27 89

Fax: +41 61 482 08 05

e.mail: iaeac@bluewin.ch

Personal Details

Name & title _____

Term-time address _____

Home address _____

Term-time E-mail _____

Home E-mail _____

Proof of postgraduate student status is required: please fill in the form below, ensuring that you complete the termination date.

The form must then be endorsed/verified by your supervisor.

I certify that _____ is a postgraduate student registered at

_____ until ___/___/___

and that he/she is part time/full on a

Supervisor:

Signed _____

Name _____

Organization/Position _____

IAEAC member ___ Yes No ___ (Please tick as appropriate)

Information about you:

IAEAC asks all of its members for information regarding their research interests and affiliations so that we can make information available to you such as
Other IAEAC members who are interested in your research are
Other IAEAC members who are located near your institution

Should you wish to participate in this, then fill in your details below, otherwise leave this part of the form blank when you send your membership application. The information you give will be treated as confidential and will not be used outside of IAEAC without your consent.

Name:

E-mail:

Homepage URL:

Affiliation: (e.g., company, university)

Location: (e.g., city)

Qualifications:

Keywords that describe your research interests:

I agree to IAEAC keeping the above information on file on the understanding that the information will never be used outside of IAEAC without my prior consent

Date: _____

Signed: _____