**Membership Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Nationality** |  |
| **Gender** |  | Date of Birth |  |
| **Professional Title** |  | **E-mail** |  |
| **Research Interests** |  | | |
| **Affiliate** |  | | |

Tip：Applicants should fill the forms and email to the corresponding regional contact person and the secretary. We will email you a unique Member ID. If you have registered this site, you can link the Member ID to your account.

**Regional Director：**