**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**1. Personal data**

Surname:

First name(s):

Date of birth:

Nationality:

**2. Address (please remember the zip and country codes):**

Email:

Webpage:

Institute:

Department:

Street:

Town:

Country:

**3. Professional status**

Position:

Institution:

Specialization:

Highest academic degree:

**4. Are you a member of a society/organization, which is itself a corporate member of the EMS?**

YES NO

**5. If your answer to question 4 is YES, which corporate member do you belong to?**

Date and place:

Signature: