



APPLICATION FOR MEMBERSHIP

1. NAME (Family Name, First Name, Middle Initial) _____
2. ADDRESS (Please use the approved address format for your country's postal service, including country code or zip code).

3. TELEPHONE # _____ FAX # _____ E-MAIL ADDRESS _____
4. TITLE OR ACADEMIC RANK _____ 5. GENDER M F
6. AFFILIATION / PLACE OF EMPLOYMENT _____
7. DEGREE(S) HELD _____ SUBJECT AREA(S) _____ AWARDED INSTITUTION(S) _____ DATE(S) AWARDED _____

8. CURRENT SCIENTIFIC DISCIPLINE _____
9. NAME AND CITIZENSHIP OF TWO CURRENT ISSOL MEMBERS WHO ARE SPONSORING YOU (PREFERABLY ONE FROM YOUR OWN COUNTRY AND ONE FROM ANOTHER COUNTRY); PLEASE ATTACH THEIR LETTERS TO THIS APPLICATION.

10. PLEASE DESCRIBE YOUR INTEREST AND ACTIVITY IN ORIGIN OF LIFE AND/OR ASTROBIOLOGICAL RESEARCH AND PROVIDE A LIST OF RELEVANT PUBLICATIONS (Please provide complete citations; continue on the back of this page or on other pages if necessary).

11. MEMBERSHIP CATEGORY (Select one):
- FULL MEMBER (Includes voting privileges)
(EURO € 35.00 per year)
- ASSOCIATE MEMBER (Non-voting member)
(EURO € 20.00 per year)
12. SIGNATURE _____ DATE _____

RETURN YOUR COMPLETED APPLICATION, AND THE DUES PAYMENT FOR ONE YEAR (INCLUDING SPONSORS' LETTERS) TO:

Dr. John Robert Brucato
ISSOL Secretariat
INAF - Osservatorio Astrofisico di Arcetri L.go E. Fermi 5, 50125 Firenze, Italy
Phone: +39 055 2752 254
Fax: + 39 055 220039
Email: jbrucato@arcetri.astro.it

Payment in EURO!! can be made by check, postal money order (account information see below), travelers check, Visa, MasterCard or PayPal. (!! We can not accept American Express credit cards!!).
!!!! To keep banking costs as low as possible please pay by VISA or MasterCard !!!!

In the event that your application is denied, your payment will be returned promptly and in full.
