Membership Application Form of IAULS

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| Name |  | | |
| Date of Birth  (DD/MM/YYYY) |  | Sex |  |
| Telephone |  | | |
| Highest Education |  | | |
| Position |  | | |
| Address |  | | |
| E-mail |  | | |
| I am willing to join International Association of Urban Language Studies and abide by the rules and regulations of International Association of Urban Language Studies.  Signature: | | | |

Date: