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: