



# INTERNATIONAL SOCIETY OF REPRODUCTIVE GENETICS

## Membership Application Form 会员申请表

<b>Section 1: Personal Information 个人信息</b>
Name 姓名: _____ (Last Name 姓) _____ (First Name 名) _____ (Middle Name 中间名)
Gender 性别: <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性 <input type="checkbox"/> Other 其他
Date of Birth 出生日期(mm/dd/year 月/日/年): _____
Nationality 国籍: _____
<b>Section 2: Affiliation/Organization &amp; Background 供职单位、职务、及教育背景</b>
Institution(s)供职单位: _____ _____
Position 职务: _____
Degree(s)学历: _____
<b>Section 3: Contact Information 联系信息</b>
Address 地址: _____ _____
Telephone/Cell 电话号码: _____
Email 电子邮件: _____
WeChat ID 微信 ID: _____

**Section 4: Membership & Annual Fee 会员及会员年费**

- Regular Membership 普通会员: \$100/year\*
- Trainee Membership\*\*学生会员\*\*: \$50/year\*

\*Fee can be paid after the Membership Committee has accepted your application on yearly basis.

\*年费仅在会员管理委员会接受申请后方可缴纳，每年一次。

\*\*Trainee membership only applies to students, residents, and post docs. Proofs of identification need to be submitted to the Membership Committee for qualification.

\*\*学生会员仅适用于学生、住院医、和博士后。须提交相关身份证明进行资格认证。

**Section 5: Signature 签名**

**Please read and complete the section below before submitting your application.**

**请在您提交申请之前阅读以下内容并签字。**

I hereby apply for membership of the International Society of Reproductive Genetics. I accept the authority of the Society and abide by its rules and regulations. I understand that I will receive communications from ISRG regarding my membership and participation in associated activities.我特此申请加入国际生殖遗传学会。我接受学会的权威性，遵守学会的规章制度。我了解我将收到 ISRG 关于我会员资格审核及参与相关活动的信息。

By signing below, I acknowledge that I fully understand and agree the words above. I also confirm that all the information provided is true to the best of my knowledge. 通过签署以下文件，我承认我完全理解并同意上述内容。我也确认所提供的信息都是据我所知真实的。

Name 姓名: \_\_\_\_\_

Signature 签字: \_\_\_\_\_ Date 日期: \_\_\_\_\_

===== Official Use Only 仅内部使用 =====

Date membership approved: _____	Date payment received: _____	Date receipt issued: _____
Membership ID issued: _____	Date certificate issued: _____	Date membership renewed: _____