**ISDE Young Scientist Innovation Network (ISDE-YSIN)**

**Membership Application Form (self-application possible)**

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| Applicant |  | Nationality |  |
| Gender |  | Age |  |
| Research Interests |  | E-mail |  |
| Title/Position |  | | |
| Affiliation |  | | |
| Nominator (Optional) |  | Nominator E-mail (Optional) |  |
| Affiliation (Optional) |  | | |
| Professional Title (Optional) |  | | |
| Please list the applicant's professional qualifications and appointments with other organizations |  | | |
| Reasons for application |  | | |

Please attach a CV for evaluation