

Official use only:

Date Received: \_\_\_\_\_\_\_\_

Date Admitted: \_\_\_\_\_\_\_\_\_

Amano Society of Pure and Applied Physics

Membership Application Form

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| Visit: <http://www.aspap.org/> to learn more about ASPAP. |

1. **PERSONAL DETAILS**

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| --- | --- | --- | --- | --- |
| Last Name | First Name | | Middle Name | Date of birth |
| Residential Address | | | | Cell |
| City | NRC No. | | Passport No. | Telephone |
| Email Address: | | Postal Address | | |

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| 1. **MEMBERSHIP TYPE**   The Amano society of pure and applied physics has two membership categories; Student membership and Professional membership. *Tick the box below next to the membership type you are applying for.*  Proffessional Membership  Student Membership  *The membership fees are k100 for professional membership and k50 for student membership renewable anually.* |

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| 1. **EDUCATION**   Degree/Certificate Received:  Bachelor’s Degree  Master’s Degree  PhD  In the process of receiving your fist degree?  Student  Field of Study:  Name of Institution: |
| 1. **RESEARCH INTERESTS**   Tick applicable.  Nuclear Science and Engineering  Clean and Renewable Energy  Electronics  Quantum Physics  Cosmology  Nanotechnology  Atmospheric Science  Information Technology and Telecommunications  Theoretical and Computational Physics  Solid State and Condensed Matter  Medical Physics  Astronomy  Atomic, Molecular and Optical Physics  Robotics  Artificial Intelligence |

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| 1. **EMPLOYMENT** – Are you working? No Yes | | |
| If yes, in what position? | Name of company | Location (city) |
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**How did you hear about ASPAP?**

From a friend  ASPAP Website  Other:

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| 1. **ACOMPANYING DOCUMENT: Tick the box applicable for the document you are using to support your application** |
| Academic certificate  Research paper (showing original work you did)  Student Identification Card |
| You may choose to be considered for any of the ASPAP editorial positions below. **optional.**  Publisher  Editor  Peer Reviewer |

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| 1. **ACKNOWLEDGMENT**   The information that I have provided is accurate to the best of my knowledge and subject to validation by ASPAP. I understand and agree that any misrepresentation, false statement or omission of a fact in my application may be justification for being turned down, if considered, may subject me to discipline, up to and including termination of membership.  If admitted for ASPAP membership, I will comply with all rules, regulations, and policies of the society. By signing this application, you agree to abide by these regulations. |

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| Signature | Full Names | Date |

**NOTE: Attach to this form a copy of the document selected in section 6 and upload it to the application portal on this link**

<http://www.aspap.org/application_forms>