

WORLD'S POULTRY SCIENCE ASSOCIATION**APPLICATION FOR MEMBERSHIP**

Family name + initials : _____ Sex: M F
 Given name : _____ Date of birth: _____
 Titles : Prof Dr Drs Ir Ing

Address

Members can choose if they want to receive the Journal at their home address or company address. In case of the use of the company address the name of the company/university must be filled.

Company/University : _____
 Address : _____
 Zipcode : _____ Town : _____
 Prov./State : _____ Country : _____
 Telephone : _____ Fax : _____
 E-mail : _____

Wants to join the : _____ Branch per / / 20
 Membership type : Affiliate Individual Member Student Life Member

Field of study¹ : Administration Diseases Economics Genetics Hatching
 Management Housing Nutrition Products
 Discipline¹ : Physiology Immunology Pathology
 Species of animals¹ : Chicken Duck Geese Guinea Fowl Ostrich Quail
 Turkey

Please return this completed form to your **Branch Secretary**. If there is no WPSA Branch in your country, or if you do not know who the Branch Secretary is, return the completed form to the Association Secretary:

WPSA
 PO Box 31
 7360 AA Beekbergen
 The Netherlands
 E-mail: wpsa@xs4all.nl

¹ More than one option possible (check all that apply).