



## ISPRM Committee & Task Force Membership Application form

**Name:** Click here to enter text.

**Surname:** Click here to enter text.

**Name of ISPRM Committee/Task Force you would like to join:** Click here to enter text.

Type of membership within ISPRM (Active Individual or Active Individual of Combined Societies) Click here to enter text.

**Nationality:** Click here to enter text.

Please write a few lines explaining why you would like to apply to become member of ISPRM committee/task force:

Click here to enter your text

Please attach the following documents:

1. Brief curriculum vitae with a picture
2. Recommendation letter from one committee/task force member

Please send the application form to the Chair of the committee/Task Force with cc to [isprmooffice@kenes.com](mailto:isprmooffice@kenes.com)

The committee/task force Chair will review your supporting documents and respond to your application in a reasonable time. The result of the application will be shared with the applicants and submitted to the ISPRM President's Cabinet for their information.

### TO BE FILLED BY COMMITTEE/TASK FORCE CHAIR

Decision of the Committee/Task Force Chair  
APPROVED – NOT APPROVED

Date & Signature of Committee/Task Force Chair

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