**Membership form - 2018**

**Membership runs from January 1st to December 31st**

**(**Please send to lhisa.alhazen@gmail.com**)**

All prospective members of LHiSA are required to complete this registration form. Indicate any changes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NEW MEMBERSHIP** |  | **RENEWAL** |  | **Updating of Member Information** |

**SECTION 1: MEMBER INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Mr** |  | **Ms** |  | **Miss** | **TITLE** |  | **Prof** |  | **Dr** |  | **Student** |
| **FULL NAME** |  | | | | | | | | | | | | |
| **POSITION** |  | | | | | | | | | | | | |
| **ADDRESS 1** |  | | | | | | | | | | | | |
| **ADDRESS 2** |  | | | | | | **MAIN TELEPHONE** |  | | | | | |
| **ADDRESS 3** |  | | | | | | **WORK TELEPHONE** |  | | | | | |
| **TOWN/CITY** |  | | | | | | **MOBILE PHONE** |  | | | | | |
| **ZIP CODE** |  | | | | | | **PRIMARY EMAIL** |  | | | | | |
| **COUNTRY** |  | | | | | | **SECONDARY EMAIL** |  | | | | | |

**\*Star the e-mail and phone number you would like listed in the directory**

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | | | | | | | **MEMBERSHIP DUES (Annual)** | **Please Check** |
| **FULL** | Full Membership | | | | | | | 50 € |  |
| **DEVELOPING**  **COUNTRIES** | Full membership | | | | | | | 25 € |  |
| **STUDENT/RETIRED** | Full time students and Retired Members \* | | | | | | | 10 € |  |
| **ASSOCIATE** | Associate membership is open to all who share LHiSA’s objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees) | | | | | | | 20 € |  |
| **INSTITUTIONAL** | Institutional Membership is open to institutions working in the related fields. | | | | < 5 members | | | 50 € |  |
| 5 – 15 members | | | 200 € |  |
| More than 15 members | | | 300 € |  |
| **DONATIONS** | Please indicate the amount | | | | | | |  |  |
| **TOTAL** | | | | | | | |  |  |
| **PAYMENT METHOD** |  | Institutional Check |  | Personal Check | |  | Online Payment |

\* Please send a copy of your student ID.

**Date: Signature:**

**To pay online:** Go to: http://ibnalhaytham-lhisa.org/membership/

**To pay by check:** Check payable to LHiSA to be sent to:

LHiSA Association (A. Boudrioua), LPL Institut Galilée, Université Paris 13

99 Avenue JB Clement, 93430 Villetaneuse

Regardless of payment method used, please **make sure to send a copy of your membership form** to:

Lhisa.alhazen@gmail.com