

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
www.wpsa.com

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