



**Eurasian Academy of
Environmental Sciences**

EAES LIFE AND FELLOW MEMBERSHIP FORM

EAES Membership Number: _____ Joining Date: _____
(to be filled by the EAES Secretariat)

Applicant Information:

Name: _____

Address: _____

_____ City: _____

State: _____ Country: _____ Zip Code: _____

Email: _____ Tel/MobileNo.: _____

Designation: _____

Qualifications: _____

Membership Fee Transfer Details:

Declaration:

The provided information is true to the best of my knowledge and belief. If admitted, I undertake to abide by the Constitution of the Academy as contained therein or as amended from time to time.

DATE:

SIGN AND SEAL OF THE APPLICANT