JATLaC Application Form

I would like to join JATLaC.

Type of membership: check one.

( ) Regular member

( ) Student member

( ) Supporting member

Date:

Name (print):

Name (sign):

JATLaC Registration Form

Required information

Name:

Address:

Email:

Telephone:

Fields of interest:

Optional information

Affiliation:

Languages:

Fax: