**Application for Institutional Membership**

Fax completed form to IA-USE (+86-29-82205958), or email form to hanou@xauat.edu.cn or yangbin@xauat.edu.cn

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| --- |
| **Institution** |
| Full name |  |
| Postal address |  |
| Brief introduction of your institution （within 150 words） |  |
| Total number of members |  |
| Institution website |  |
| Institution telephone |  |
| Institution fax |  |
| Institution email |  |
| **Contact Person** |
| Family name |  |
| Given name |  |
| Title |  |
| Postal address |  |
| Telephone |  |
| Email |  |

By submitting this application, you agree to the Institutional Membership Service and Management Regulation of International Association of Underground Space Environments (IA-USE).

Signature: Date: