

949.453.8600  
www.ISRGinternational.com  
info@ISRGinternational.com



## Section 1: Personal Information

Name: \_\_\_\_\_ (First Name)  
 \_\_\_\_\_ (Middle Initial)  
 \_\_\_\_\_ (Last Name)

Gender:      Male              Female              Other

Date of Birth (mm/dd/year):

Nationality:

City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Section 2: Experience and Qualifications

☐ Professor

☐ Doctor of Medicine

☐ Postdoc

☐ Graduate Student

☐ Physician/Physical Scientist

☐ Other (please specify):

- ☐ Single-Cell Genomics
- ☐ Preimplantation Genetic Diagnosis (PGD) or Preimplantation Genetic Test (PGT)
- ☐ Non-invasive Prenatal Test
- ☐ Other (please specify):

Main Focus: ☐ Basic Science ☐ Clinical Practice ☐ Business Development ☐ Education

### Section 3: Nomination and Statement of Support

I recommend \_\_\_\_\_ for membership in the International Society of Reproductive Genetics and acknowledge by signing this statement of support that the candidate is qualified for this membership. Further, I acknowledge that this candidate adheres to accepted ethical scientific standards and has or will make contributions to the development of reproductive genetics.

Member No. \_\_\_\_\_ Nominator(Print) \_\_\_\_\_ Nominator(Signature) \_\_\_\_\_

Member No. \_\_\_\_\_ Nominator(Print) \_\_\_\_\_ Nominator(Signature) \_\_\_\_\_

\*Appropriate signature of two existing members are required. Students' nominators can be school advisors, mentors, deans or principles, etc.

### Section 4: Annual Membership Payment

\*Applications without payment will not be processed.

☐ Annual Membership Fee

☐ Active: \_\_\_\_\_ \$/¥

☐ Students: \_\_\_\_\_ \$/¥ Year of Study: \_\_\_\_\_

☐ Date of Expected Graduation: \_\_\_\_\_ ☐ Overdue Fee: \_\_\_\_\_ \$/¥

Total Membership Fee: \_\_\_\_\_ \$/¥

Note: Students must include Year of Study and Date of expected graduation

Payment Method:

☐ Check or Money order enclosed, payable to International Society of Reproductive Genetics

☐ Visa ☐ Master Card ☐ China Union Pay Card

I authorize the transaction of my Visa/Master Card/ China Union Pay Card

Card Number; \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Month/Year: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please read and complete the section below before submitting your application.**

I hereby apply for membership in the International Society of Reproductive Genetics. I have read and understood the privileges and responsibilities of ISRG membership. I support the mission and value of the Society and I am willing to make contributions to the development of reproductive genetics. I accept the authority of the Society to enforce its rules and regulations and that if I breach any of the rules or regulations, disciplinary action could be taken. I understand that I will receive communications from ISRG regarding my membership and participation in associated activities.

By signing below, I acknowledge that I fully understand and agree the words above. I also confirm that all the information provided is true to the best of my knowledge.

Name:

Signature:

Date:

**Office Use Only**

Date application received	Payment received	Details entered on master list
Date membership offered	Date membership accepted	Letter sent confirming membership



INTERNATIONAL SOCIETY OF  
REPRODUCTIVE CENTER

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