

**INTERNATIONAL UNION FOR THE SCIENTIFIC
STUDY OF POPULATION**

3-5 rue Nicolas, F-75980 Paris cedex 20

☎ +33 1 56 06 21 73 📠 +33 1 56 06 22 04

✉ iussp@iussp.org

🌐 <http://www.iussp.org>

IUSSP STUDENT ASSOCIATE APPLICATION

STUDENT ASSOCIATES

Limited to graduate students, renewable annually for up to 4 years. Student status must be proved annually by providing a written statement from a professor. No publications but includes access to restricted pages of the IUSSP website.

Developed country: \$25 / €25

Developing country: Free

(See Dues Payment Form for country classification)

Family Name _____

First Name _____

Nationality _____ Male Female

Birth Date (day/month/year): / /

Mailing Address: (including city, state, postcode, country)

Business Phone + _____

Home Phone + _____

Fax + _____

E-mail _____

University _____

Field of Study

Degree

Year for which degree is expected

Validation of student status by Professor:

I certify that this applicant is enrolled on the programme stated.

Name

Signature