

English Language and Literature Research Association of Turkey

Membership Form

**GENERAL INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Surname:** |  |
| **Mother’s Name:** |  | **Father’s Name:** |  |
| **Place of Birth:** |  | **Date of Birth:****(DD/MM/YYYY)** |  |

**IDENTITY REGISTRY INFO (Issuing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **City:** |  | **County:** |  |
| **Volume no:** |  | **House no:** |  |
| **Page no:** |  | **Nationality:** |  |
| **If not a Turkish citizen, residence permit no:** |  |

**OCCUPATIONAL INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupation:** |  | **Duty/Title:** |  |
| **Work Institution:** |  | **Work Experience:****(Year)** |  |
| **Research Areas:**  |  |

**CONTACT INFO:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Address:**  |  | **Telephone (1):** |  |
| **Home Address:** |  | **Telephone (2):** |  |
| **E-mail Address:** |  | **Mobile No:** |  |

**Attachments:** 1 photograph, 1 identity register copy, 1 residence document

I hereby accept the charter provisions of the English Language and Literature Research Association (IDEA), and I declare that I will fulfil my obligations as a member and that the information I have provided above are true.

**DATE SIGNATURE**