



Date:

Application form

I would like to join as a: Member / Student Associate / Institutional Associate (mark the appropriate) to the Operations Research Society of Israel

First name..... Last Name:..... (print letters)

First name..... Last Name:..... (in Hebrew)

Home Address:.....

Phone: Cell Phone:

Institution /Company

Address

Phone:

E-mail (please write clear):

Note: All correspondence are done via e-mail

Education

Degree: name of the institution:

year of graduation:

Degree: name of the institution:

year of graduation:

Professional Experience

Years: Workplace:

Nature of practice in Operations Research:

Years: Workplace:

Nature of practice in Operations Research:

Recommendation

Name: Address:

phone:

Name: Address:

phone:



אילוב האגודה הישראלית לחקר בצועים
OPERATIONS RESEARCH SOCIETY OF ISRAEL

Use of Membership Committee

.....

approve/unapprove: Signature: