



Membership Application Form

**International
Low Carbon City, Neighborhood, Building
Academic Alliance**

Institution Details

Name of Institution: _____

Institution Type: University/college/academy Research institute

Research Center/Group Laboratory

Research areas: _____

Address: _____

City: _____ State/Prov.: _____ Postal/Zip Code: _____

Country: _____ Email: _____

Representative Personal Details:

(The Alliance Council is made of representatives from member organizations who signed the Alliance's Charter)

First Names: _____ Middle Names: _____ Surname: _____

Gender: Male Female

Title/Position: _____

Research interests: _____

Address: _____

City: _____ State/Prov.: _____ Postal/Zip Code: _____

Country: _____ Email: _____ Tel: _____

Referee Institution/Representative (New members will need to be nominated by at least two existing members). Please state the nominating institutions here:

1. _____

2. _____

To be submitted to: International Low Carbon City, Neighborhood, Building Academic Alliance

Contact: lowcarboncnb@sina.com