

ISFNR MEMBERSHIP APPLICATION FORM

NAME:

E-MAIL:

MOBILE NUMBER:

ACADEMIC TITLE:

MAILING ADDRESS:

DATE:

ADDITIONAL COMMENTS:

**(Please send to Terry Gunnell, Chairperson of the ISFNR Membership Committee at** **terry@hi.is****,** with a copy tothe **Society’s President Mirjam Mencej at****mirjam.mencej@guest.arnes.si**

**along with**

1) **a short biography** (5-6 lines) containing details of **your present academic position** (**students and other interested parties**: **outline your present field and level of study, or academic background**); **key publications (if any)**; and **your main fields of research/ interest relating to folk narrative**; and

2) **a CV listing any publications, theses, and/or conference presentations in folk-narrative research**.)