

## Application for Membership

[Childbearing – Qualitative Research Network](#)

### Personal information:

Name:	Title/titles:
Address:	
Telephone number:	E-mail address:

### Education/affiliation:

Education:
University affiliation:
Name and affiliation of supervisor (doctoral students only):

### Research projects in childbearing:

Ongoing:
Recent:

### Scientific publications in the area of childbearing research:

--

Please send your application as an attachment by e-mail to the following address (mark e-mail as: Membership request BfiN): [terese.e.bondas@uis.no](mailto:terese.e.bondas@uis.no)