MEMBERSHIP REGISTRATION FORM

Edible Vaccine Innovation Forum (EViF)
www.evif.site

★ FREE MEMBERSHIP ★

1. PERSONAL INFORMATION

Full Name *

Designation / Title *

Institution / Affiliation *

Department / Faculty

Country *

Gender *

☐ Male ☐ Female ☐ Non-binary
☐ Prefer not to say

2. CONTACT DETAILS

Email Address *

WhatsApp Number (incl. country code) *

Alternative Email / LinkedIn Profile URL

3. EDUCATIONAL BACKGROUND

Highest Qualification *

Field / Subject

University / Institution

Year of Graduation

Degree Level *

☐ BSc / BPharm ☐ MSc / MPH ☐ PhD
☐ MD ☐ Post-Doc ☐ Other

4. PROFESSIONAL DETAILS

Current Position / Role *

Years of Research Experience

5. RESEARCH AREA & EXPERTISE (TICK ALL THAT APPLY)

☐ Plant-based edible vaccines ☐ Microbial / algae-based vaccines ☐ Skin-based (transdermal) vaccines
☐ Oral immunogenicity ☐ Antigen stability & cold-chain ☐ Vaccine delivery systems
☐ Regulatory science ☐ Immunology & host response ☐ Public health & equity
☐ Food science & biotechnology ☐ Bioinformatics / computational biology ☐ Clinical trials
☐ Other (specify below)

Other / Specify:

6. PREFERRED WORKING GROUP (MAY SELECT MORE THAN ONE)

☐ WG1 — Knowledge & Publications ☐ WG2 — Science & Methodology ☐ WG3 — Collaboration & Funding
☐ WG4 — Outreach & Membership ☐ WG5 — Governance & Policy

How did you hear about EViF?

7. DECLARATION

I confirm that all information provided is accurate and complete. I agree to abide by EViF's code of conduct and community guidelines. I understand that EViF membership is entirely free of charge and voluntary.

Signature: _____ **Date:** _____