



Middle East Spine Society



Membership Application Form

Personal data:

Full Name:

Age: Nationality: Date of Birth: Place of Birth:.....

Address: City: Country:

National ID: Date: / / Civil record:..

Work: Work address:

Tel.: Home: Tel. Business: Tel. Mobile:

E-mail:

Request to join:

Mr. Chairman of the Board of Management

After greetings

Please accept my membership request to be a member of the Middle East Spine Society. I agree to follow and respect its internal procedures, according to the Egyptian law 84 for the year 2002 and its executive regulations and accept the payment of subscription and membership fees annually starting from the date of acceptance of the membership.

Type: Active Member Associate Member

Declaration:

I declare that the information supplied by me on this form is complete, true and correct in every particular.

Applicant's Name:

Signature:

Testimonial (two members of the Board of Directors)

I accept the nomination of Mr..... to join the society membership

The First member

Name:

Signature:

The second member

Name:

Signature:

Council resolution:

Board of Directors decided to (accept) / (reject) the membership request at a meeting of the Board of Directors No. dated that based on the applied CV. and recommendations of the members.

He has been granted membership No.: Date:.....

Secretary of the Board

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Chairman of the Board

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