



Middle East Spine Society

Membership Application Form

Personal data:

First Name: _____ Last Name: _____
Nationality: _____ Date of Birth: _____ Place of Birth: _____
Address: _____ City: _____ Country: _____
Institution: _____
National ID #: _____
E-mail: _____
Mobile Phone: + _____ Business Phone: + _____

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 membership fees annually starting from the date of acceptance of the membership. I declare that the information supplied by me on this form is complete, true and correct in every particular. I attach my CV and photo to this form.

Date: ___/___/_____

Applicant's Name: _____ Signature: _____

Nominating Members

I accept the nomination of _____ to join the society as an active member

Member 1

Member 2

Name & Signature: _____

Council resolution

Based on the applied CV and recommendations of two members, executive committee has decided to (accept) / (reject) the membership request at the meeting dated below. He/She has been granted to membership No.: _____ Date: ___/___/_____

Secretary of the MESS

Chairman of the MESS

Name & Signature: _____