

## Membership form

<p><i>Family Name</i>.....</p> <p><i>Name:</i> .....</p> <p><i>Gender:</i> M <input type="checkbox"/> F <input type="checkbox"/></p> <p><i>Date of Birth:</i></p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <i>Degrees:</i></p> <p><input type="checkbox"/> <i>M.D Specialty:</i></p> <p><input type="checkbox"/> <i>Ph.D</i></p> <p><input type="checkbox"/> <i>M.Sc</i></p> <p><input type="checkbox"/> <i>Others</i></p> <p><i>Date:</i> .....</p> <p><i>Signature:</i></p>	<p><i>If you wish to receive the hard - copy of International Journal of Mycobacteriology( for free ) please fill the below section completely :</i></p> <p><i>Postal Address:</i></p> <p><i>Country:</i></p> <p><i>City:</i></p> <p><i>Zip code:</i></p> <p><i>Phone:</i></p> <p><i>Fax:</i></p> <p><i>E-mail:</i></p> <p><i>Position:</i></p> <p><input type="checkbox"/> <i>Scientific Board</i></p> <p><input type="checkbox"/> <i>Clinical</i></p> <p><input type="checkbox"/> <i>Research Center</i></p> <p><input type="checkbox"/> <i>University</i></p>
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**Please email this form to:  
Farnia@theaasm.org**