



PAKISTAN SOCIETY FOR RHEUMATOLOGY

MEMBERSHIP APPLICATION FORM

Name _____

First Name _____

Initials _____ Title _____

Qualification with detail _____

Type of Membership applied for: (Mark Any One Box)

- Membership
- Executive Member
- Associate Member
- Overseas Member

Work Address:

Hospital _____

Tel: _____

Private Clinic _____

Tel: _____

E-mail: _____

Home Address: _____

Tel: _____

Date of Birth _____

Would you like the correspondence sent to you HOSPITAL / CLINIC / HOME address?
(Circle the Preferred One)

Present Appointment _____

Experience and special interests in Rheumatology, including previous appointments, training and practice, publications and presentations to scientific societies.

Singed _____

Date _____

We, the undersigned (Executive Members of the Pakistan Society for Rheumatology) testify that the above named who is personally known to us, is in every way a suitable candidate for election.

Proposed by _____ Signature _____

Seconded by _____ Signature _____

Kindly send your form duly signed by two executive members by post to:

Secretary Membership Committee
Dr. Anila Nisar
Consultant Rheumatologist
KRL Hospital, Islamabad
Email: doctoranila01@yahoo.com