



THE MIDDLE EAST SOCIETY FOR ORGAN TRANSPLANTATION
APPLICATION FOR MEMBERSHIP

Surname: _____ First name: _____

Date of birth: _____ Titles: _____

Private address: _____

Institution (name & address): _____

City: _____ Country: _____ Fax : _____

Phone : _____

E-mail : _____

Academic / Scientific position: _____

Date: _____ Signature _____

Membership may be obtained by submission of a membership application supported by two regular members of the Society. Procedure shall be finalized upon approval of President and Secretary (membership committee as it is deemed necessary.)

MEMBERSHIP CATEGORY:
Approved

Secretary

President

Application for membership in MESOT is supported by:

1) _____ City: _____ Sign: _____

2) _____ City: _____ Sign: _____

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS OR USE TYPEWRITER

President : Mustafa Al-Mousawi, MD, MB.BS(Lon), LRCP, MRCS(Lon), FRCS(Glasg)
Chairman, Organ Transplant Center, Kuwait, Vice President, Kuwait Transplant Society
P.O.Box 288, Safat-13003-Kuwait.

Phone : +965 484 0027

Fax : +965 484 86 15

Email : drmosawi@yahoo.com

Secretariat : Taşkent Caddesi, No:77 Bahçelievler, 06490, Ankara, TURKEY

Phone : +90-312-212 73 93 • +90-312-212 08 92

Fax : +90-312-215 08 35

Email : rektorluk@baskent-ank.edu.tr

MEMBERSHIP CATEGORIES AND ANNUAL FEES:

1. Regular members: Persons domicile in MESOT REGIONS : 40.00 \$ US
2. Associate members: Persons domicile in countries other than the MESOT REGIONS: 20.00 \$ US
3. Candidate members: Resident or trainees during the training period: 20.00 \$ US
4. Supporting (Institutional) members: 1000.00 \$ US
5. Life-long membership: 200.00 \$ US (in advance)
No initiation fee.
Dues request form shall be forwarded following approval of membership, being effective as of the current year.