



Membership to the Society is open for all individuals active in the field of reproductive medicine and science including medical doctors, scientists, students and support personnel such as nurses, laboratory technicians, counselors, psychologists, social workers etc.

There are two membership categories:

1- Active membership : Active memberships include physicians, scientists holding Ph.D. degree in one of the biological sciences, or similar qualified individuals who have special interest in promoting the purpose of the society. They shall have the right to vote. Application of candidates for active membership shall be submitted to the secretary to the approval. The executive committee shall review the rejected applications for final decision on them.

2- Associate membership : Students who are working towards a medical or scientific degree, and physicians who are serving residencies of fellowship programs, nurses and technicians, may apply for Associate membership. Membership in this status is automatically terminated one year after completion of training. Associate members applications shall be proceeded under the procedures outlined for active membership applicants. They shall not have the right to vote.

Benefits: All individuals who have been accepted as member of the Society can benefit from the following:

- Membership certificate.
- Reduction in registration fees for all MEFS activities.
- Regular Information on all MEFS activities in form of brochures and leaflets.
- Opportunities for active participation in scientific meetings such as:
 - Give Oral, poster or video presentations.
 - Lead seminars and workshop, symposia and roundtables
 - Serve as faculty for postgraduate courses at annual meetings and throughout the year.
 - MEFS journals, Newsletter (a newsletter that informs MEFS members about events and meetings)

Please print or type:

Last Name: _____ First Name: _____
Specialty: _____ D.O. Birth (optional) _____ / _____ / _____
(Day / month / year)
Mailing address: _____
P.O.Box: _____ City: _____ Country: _____
Tel: _____ / _____ / _____ Fax: _____ / _____ / _____
(Country code/ city code /number) (Country code/city code / number)
Mobile: _____ Email: _____

Check appropriate response:

Active members _____ € 60, Associate members _____ € 40

Method of Payment All Charges due on Bank Transfers have to be paid by the sender. (Kindly fax a copy of the bank transfer)

I have made a bank transfer for the amount of _____ € on MEFS accounts n°.

BYBLOS BANK

SWIFT CODE : BYBALBBX

BRANCH: ANTELIA, BEIRUT- LEBANON

ACCOUNT NAME: MIDDLE EAST FERTILITY SOCIETY

ACCOUNTNUMBER: 310-2961996-002

IBAN: LB 1500 39 0000000 310 2961996002

I would like to pay with credit card. Please complete the following information

As a guarantee, I authorize MEFS to charge the above mentioned booking on the following credit card (kindly fax the recto-verso photocopy of your credit card) VISA American Express Master Card

Card number: _____ Expiration Dates: _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name of cardholder (print) as it appears on card: _____

Billing Address: _____

Cardholder signature (required): _____ Date: _____