

MEMBERSHIP APPLICATION FORM MIDDLE EAST FERTILITY SOCIETY

P.O.Box 167220, Achrafieh- Beirut, Lebanon
Tel/Fax: 961-1-610400/612400; email: membership@mefs.org
Web: www.mefs.org

Please print or type:

Last Name: _____ First Name: _____

Speciality: _____

D.O. Birth (optional) ____/____/____
(Day / month / year)

Mailing address: _____

P.O.Box: _____ City: _____ Country: _____

Email: _____
(Communication by email is preferred)

Tel: ____/____/____ Fax: ____/____/____
(Country code/ city code /number) (Country code/city code / number)

Mobile: _____

Check appropriate response:

- Active members _____ USD 75
 Associate members _____ USD 50

Method of Payment

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

CREDIT LIBANAIS SAL
SWIFT CODE : CLIBLBXX
BRANCH: ACHRAFIEH, BEIRUT-LEBANON
ACCOUNT NAME: MIDDLE EAST FERTILITY SOCIETY
ACCOUNTNUMBER: 011.001.188.0008017.10.1
All Charges due on Bank Transfers have to be paid by the sender. (Kindly fax a copy of the bank transfer)

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: _____