



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.

Please print or type:

Last Name: _____ First Name: _____

Specialty: _____ D.O. Birth (optional) _____
(Day / month / year)

Mailing address: _____

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

Tel: _____
(Country code/city code / number)

Mobile: _____ Email: _____

Method of Payment

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

I have made a bank transfer for the amount of _____ \$ on MEFS accounts n^o.

Membership fees: USD 75

Payment in USD should be made in advance by bank transfer to our MEFS Account below
(Kindly send a copy of the bank transfer)

All Charges due on Bank Transfers have to be paid by the sender.

BYBLOS BANK

BRANCH: ANELIAS BRANCH

BEIRUT, LEBANON

ACCOUNT NAME: MIDDLE EAST FERTILITY SOCIETY (MEFS)

ACCOUNTNUMBER: 3102961996007

SWIFT CODE : BYBALBBX

IBAN: LB7400390000003102961996007