Application to join the International Menopause Society

Promoting education and research on midlife women's health



Contact Details	(pl	ease	print	clea	rly)
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Title (Dr, Prof)																	
Forename/s																	
Surname																	
Address																	
City																	
County/State																	
Post/ZIP code																	
Country																	
Telephone																	
Email																	
Date of Birth]/[/]											
Membership Typ	e appli	ed for	(Please	tick or	ılv one)	- Chec	k the v	vebsite	e for t	he de	finitio	n & co	ost of	each	tvpe		
Full Membership	•		•		iate Me			Entry					Full				
Professional Sta	atus																
Are you currently working in the menopause field? No Yes - please describe briefly below																	
Experience in the	menop	oause f	ield (re	search	, clinica	l etc.)											
Specific areas of interest (osteoporosis, chronic disease, skin, etc.)																	
Other areas of in	terest																
Any other genera	l affilia	tion (F	IGO, et	c <u>.)</u>													
Proposer 1: Proposer 2:																	
Agreement I wish to become	a men	nber of	f the In	ternati	onal M	enopaı	use So	ciety. I	unde	rstan	d that	mem	bers	are r	equir	ed to	abide
by the Society's r	ules. I a	am awa	are tha	t this a	pplicati	on for	m and	CV are	circu	ılated	amor	g the	Boai	rd me	ember	s as p	part of
the Society's ad	mission	proc	edure.	On be	ing inf	ormed	in w	iting	that i	my a _l	plica	tion h	nas b	een	appro	ved,	I will
immediately set	le the	amou	ınt pay	able to	o confi	rm ac	ceptar	ce on	my	part	of m	embe	rship	of t	he In	terna	itional
Menopause Socie	ety. I un	dersta	nd that	t this m	ember	ship fe	e is pa	able a	nnua	lly.							
Signed																	
Date]											

Please return completed application form by e-mail or post to the address below: International Menopause Society, Ms Lee Tomkins, IMS Executive Director, PO Box 751, Truro, Cornwall TR2 4WD, UK

Email: leetomkinsims@btinternet.com