



# Middle East Society for Organ Transplantation

## MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE    DATE OF BIRTH    /    /	PLACE OF BIRTH
NATIONALITY	<input type="checkbox"/> MD <input type="checkbox"/> PHD <input type="checkbox"/> OTHER (SPECIFY)
PRESENT AFFILIATION	MAILING ADDRESS
TEL	E-MAIL
FAX	

### PRINCIPAL AREA(S) OF INTEREST

- KIDNEY TRANSPLANTATION
- LIVER TRANSPLANTATION
- HEART-LUNG TRANSPLANTATION
- VISCERAL TRANSPLANTATION
- BONE MARROW TRANSPLANTATION
- PEDIATRIC TRANSPLANTATION
- IMMUNOLOGY
- OTHER (PLEASE SPECIFY)

### METHOD OF PAYMENT

- CREDIT CARD
- AMERICAN EXPRESS     VISA     MASTERCARD

CARD NUMBER	
EXPIRES	CVC NUMBER
AMOUNT \$	
NAME OF CARD HOLDER	
SIGNATURE OF CARD HOLDER	
DATE    /    /	

#### WIRE TRANSFER

- As a reference please state the name of the applicant when making the transfer.
- Please be aware that MESOT will not cover any charges incurred by the transfer and that all extra costs are the responsibility of the applicant.

ACCOUNT HOLDER	MIDDLE EAST SOCIETY FOR ORGAN TRANSPLANTATION
BANK NAME	AKBANK
BRANCH NAME/CODE	ANKARA TICARI/834
ACCOUNT NO	2626
SWIFT NO	AKBKTRIS
IBAN NO	TR290004600834001000002626

### MEMBERSHIP TYPE

- REGULAR MEMBERS: \$ 60 USD  
(Persons domicile in MESOT regions. Includes electronic access to ECT.)
- ASSOCIATE MEMBERS: \$ 50 USD  
(Persons domicile in countries other than the MESOT regions. Includes electronic access to ECT.)
- CANDIDATE MEMBERS: \$ 30 USD  
(Resident or trainees during the training period. Includes electronic access to ECT.)
- SUPPORTING MEMBERS:  
(Please contact MESOT office for details on this category of membership.)

### MEMBER SPONSORSHIP

FIRST SPONSOR	LAST NAME
	FIRST NAME
	SIGNATURE
	MEMBER ID NUMBER
SECOND SPONSOR	LAST NAME
	FIRST NAME
	SIGNATURE
	MEMBER ID NUMBER

#### Data Privacy

All information requested is strictly for the use of MESOT in compliance with international privacy protection legislation. By signing, I agree that MESOT may use this data to keep me fully informed of MESOT activities, and make my full contact details available to other MESOT members. By giving consent my mailing address may be made available to third parties deemed appropriate by the MESOT.

#### Please note:

- MESOT Membership is valid for the calendar year (January 1 -December 31).
- ECT issues will be sent to you via regular mail.
- Dues are payable in US dollars.

PLEASE MAIL OR FAX THE COMPLETED FORM TO

**The Middle East Society for Organ Transplantation**  
Taskent Cad. No: 77, Bahcelievler 06490, Ankara - Turkey  
Tel : +90 312 212 73 93 Fax : +90 312 215 08 35  
Email: mesot@mesot-tx.org

YOU MAY ALSO APPLY FOR MEMBERSHIP ONLINE AT

[www.mesot-tx.org](http://www.mesot-tx.org)