



Asia Pacific Association of Medical Journal Editors

Application Form for Individual Membership

Please print or type

NAME:.....

ACADEMIC DEGREES:.....

INSTITUTE:.....

JOURNAL:.....

STATUS (Check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Active Editor | <input type="checkbox"/> Previous Editor | <input type="checkbox"/> Assoc/Asst. Editor |
| <input type="checkbox"/> Technical & Copy Editor | <input type="checkbox"/> Editor outside the Region | <input type="checkbox"/> Faculty member /Researcher |
| <input type="checkbox"/> Member of Editorial Board | <input type="checkbox"/> Others..... | |

ADDRESS:.....
.....

CITY.....COUNTY/PROV/STATE:.....

COUNTRY.....POSTAL CODE:.....

TELEPHONE:.....FAX:.....

MOBILE:.....E-MAIL:.....

Short CV enclosed

ARE YOU A MEMBER OF A NATIONAL EDITOR'S ASSOCIATION IN YOUR COUNTRY
Yes No

If Yes, name of the Association

ADDRESS:.....TEL/FAX.....E-MAIL.....

SEND FORM TO:
apame@wpro.who.int