Application to join the International Menopause Society

Promoting education and research on midlife women's health

Contact Details (please print clearly)

Title (Dr, Prof…)
Forename/s
Surname
Address

City
County/State
Post/ZIP code
Country
Telephone
Email

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Membership Type applied for *(Please tick only one) - Check the website for the definition & cost of each type*

Full Membership ☐ Associate Membership - Entry Level ☐ Full ☐

Professional Status

Are you currently working in the menopause field? ☐ No ☐ Yes - please describe briefly below

Experience in the menopause field (research, clinical etc.)

Specific areas of interest (osteoporosis, chronic disease, skin, etc.)

Other areas of interest

Any other general affiliation (FIGO, etc.)

Proposer 1:
Proposer 2:

Agreement

I wish to become a member of the International Menopause Society. I understand that members are required to abide by the Society's rules. I am aware that this application form and CV are circulated among the Board members as part of the Society's admission procedure. On being informed in writing that my application has been approved, I will immediately settle the amount payable to confirm acceptance on my part of membership of the International Menopause Society. I understand that this membership fee is payable annually.

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