



International Academy of Manual/Musculoskeletal Medicine  
**APPLICATION FORM FOR FULL MEMBERSHIP 2018**

Title			
First name			
Last name			
Maiden name			
Degree(s)			
Specialty			
Institute			
Department			
Office address*		Private address*	
Office ZIP		Private ZIP	
Office town		Private town	
Country		Country	
Phone 1		Private Phone2	
Skype		Mobile	
Fax		Email 1	
URL		Email 2	
Please motivate your application and give a short summary of your specific interests in MM			
Proposers name & email address**		Seconders name & email address**	

\*One address is mandatory

\*\* Proposer and seconder are contacted

**Please enclose your CV (Curriculum vitae) – by email attachment**

[Please ensure that your CV includes details of your experience in scientific research and/or teaching]

***This application must be sent to Sjef Rutte, secretary of the Science Board.  
 info@academylogistics.net***