



# THE INTERNATIONAL SOCIETY FOR LASER SURGERY AND MEDICINE (ISLSM)

## MEMBERSHIP APPLICATION FORM

**LIFETIME MEMBERSHIP**

**\$400**

**ANNUAL MEMBERSHIP**

**\$100**

Applicant: \_\_\_\_\_

Last Name

First Name

Middle Name

Mailing Address : (Membership Materials will be mailed to this address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax No: \_\_\_\_\_

Phone  
Off : \_\_\_\_\_ Resi : \_\_\_\_\_ E-main ID: \_\_\_\_\_

Degrees (M.D, Ph.D, etc.) \_\_\_\_\_

Title \_\_\_\_\_

Academic or Institution Affiliation and Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

Laser Experience and types of Lasers used :

\_\_\_\_\_  
\_\_\_\_\_

Areas of Interest : \_\_\_\_\_

References : (1) Name : \_\_\_\_\_ (2) Name : \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

**SWIFT MT 103 TO A/C NO. 3605 0915 OF INDIAN OVERSEAS BANK,  
CENTRAL OFFICE, INDIAN OVERSEAS BANK, ESPLANADE BRANCH'S  
CHENNAI, INDIA 600001, SWIFT CODE: IOBAINBBA048**

Send Application and Fee to Treasurer's Address :

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**TREASURER**

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