

PAKISTAN ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY

Membership Application Form

I hereby apply for membership as:

- Ordinary Honorary Life Associate Allied Health Corporate

Name: _____

Sex: _

Degree/s and/or Title: _____

Postal Address: _____

_ Tel No: _____

Fax No: _

H/P No: _____

e-mail: _____

Speciality: _____

Are you currently practicing in a field relevant to Allergy and Immunology full time?

If NOT actively practicing in a field relevant to Allergy and Immunology and your application is for other than Ordinary, Life or Associate Member, describe relevant activities in detail.

Proposed by: _____

Date: _____

Seconded by: _____

Date: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature: _____

Date: _____

Have you read the rules of the Society? Yes No

Please submit your form to:

Allergy PAAIS

Al Rehman Chambers, Fazal E Haque
Road Blue Area Islamabad, Pakistan

Tel: + 051 111 160 160

Fax: 051-2605905

e-mail: allergycenter@hotmail.com

websites: www.allergypaais.org , www.drshahidskinicare.com