



T H E P A N A R A B
LIVER TRANSPLANTATION SOCIETY
الجمعية العربية لزراعة الكبد

Membership Application

Name:

First: _____ Middle: _____ Family: _____

Type of Membership:

Regular International Trainee Associate

Please refer to the PALTS bylaws for more details regarding the types of membership please

Institution: _____

Country: _____

Specialty: _____

Position: _____

E-mail: _____

Mobile Phone: _____

Work Phone: _____

Mailing Address: _____

Signature:

Date:

Please fill the application form and email it to: info@palts.org