



# Membership Application Form

**Society**

(enter the name in English)

**Society**

(enter the name in your national language)

APPLICATION (PLEASE MARK APPROPRIATE)

NATIONAL SOCIETY

TRANSNATIONAL SOCIETY

FOR FULL MEMBERSHIP

OBSERVER STATUS

## OFFICERS:

This form provides five tables for entering the data on officers and on the Society's secretariat. If in your Society other additional officers are in function, please copy this table and state the name of the office.

### PRESIDENT

TITLE:			
FIRST NAME:			
MIDDLE NAME:			
FAMILY NAME:			
E-MAIL:			
URL (if available):			
ADDRESS:			
TERM OF OFFICE:		YEARS	
FROM		TO	

### VICE-PRESIDENT

TITLE:			
FIRST NAME:			
MIDDLE NAME:			
FAMILY NAME:			
E-MAIL:			
URL (if available):			
ADDRESS:			
TERM OF OFFICE:		YEARS	
FROM		TO	

## SECRETARY GENERAL

The Secretary General of the IFMBE affiliated Society is considered to be the person **REPRESENTING** the Society, also at the IFMBE Secretaries Committee meetings (held once a year). If no office of *Secretary General* is defined in the Statutes of your Society, please, enter the name of the person who is to represent the Society at the meetings. If your Society has a “technical” secretary, please enter his/her name and address in the form “Secretariat”.

TITLE:			
FIRST NAME:			
MIDDLE NAME:			
FAMILY NAME:			
E-MAIL:			
URL (if available):			
ADDRESS:			
TERM OF OFFICE:		YEARS	
FROM		TO	

## TREASURER

TITLE:			
FIRST NAME:			
MIDDLE NAME:			
FAMILY NAME:			
E-MAIL:			
URL (if available):			
ADDRESS:			
TERM OF OFFICE:		YEARS	
FROM		TO	

**SECRETARIAT (Office)**

TITLE:	
FIRST NAME:	
MIDDLE NAME:	
FAMILY NAME:	
E-MAIL:	
ADDRESS:	

**ADMINISTRATIVE COMMITTEE MEMBERS:**

	Name	E-mail
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Number of Society members:		in year:	
----------------------------	--	----------	--

*The membership fee is paid according to the membership number of the affiliated Society. Please, check the Statute and Bylaw of the Federation for further details (www.ifmbe.org)*

Does the entire Society wish to join or the sub-group?	
If the latter, give the name of sub-group:	
Has the organisation been legally registered?	
Does the organisation have a formal constitution and by-laws? <i>If so, please attach one copy (1) to this application</i>	

If the Organisation does not have a Constitution and By-laws, please answer the following questions:

What are the stated aims of the organisation?	
Are there different grades of Membership and what are the requirements for each?	

Web-address of the Society:				
LOGO	YES*		NO	

\*if yes, please send graphical file in a separate, high resolution, file

**PERIODICAL PUBLICATIONS:**

Journal/Magazine

Name:			
Editor:			
Editor's E-mail or contact address:			
No. of issues per year			
ISSN (if available):			
Is the Journal/Magazine an electronic or a printed publication? For electronic publications, enter the URL. For printed publications, check the box. Attach one copy of printed publication to the application.			
Electronic:	URL:	Printed:	

Newsletters

Name:			
Editor:			
Editor's E-mail or contact address:			
No. of issues per year			
ISSN (if available):			
Is the Newsletter an electronic or a printed publication? For electronic publications, enter the URL. For printed publications, check the box. Attach one copy of printed publication to the application.			
Electronic:	URL:	Printed:	

**OTHER PUBLICATIONS:**

(Books, textbooks, Conference proceedings etc.)

Name:			
Author(s)/Editor(s):			
No. of issues per year			
ISBN:			
Is the publication published electronically or printed? For electronic publications, enter the URL. For printed publications, check the box. Attach one copy of printed publication to the application.			
Electronic:	URL:	Printed:	

# ACTIVITIES IN YEAR \_\_\_\_\_

## SCIENTIFIC EVENTS\* (congresses, conferences, symposia, workshops)

\*if there is more than 1 event, please copy this table

Name of the event:			
Venue:			
Date (dd/mm/yy):			
Organiser(s):			
URL:			
Contact address:			
Organisations involved with organisation:			
No. of participants			

## PUBLICATION OF THE EVENT

Name:			
Author(s)/Editor(s):			
No. of issues			
ISBN:			
Electronic:	CD:	Printed:	



## PROFESSIONAL EVENTS & TRAINING

\*if there is more than 1 event, please copy this table

Name of the event:			
Venue:			
Date (dd/mm/yy):			
Organiser(s):			
URL:			
Contact address:			
Organisations involved with organisation:			
No. of participants			

## PUBLICATION OF THE EVENT

Name:			
Author(s)/Editor(s):			
No. of issues			
ISBN:			
Electronic:	CD:	Printed:	

# ACTIVITIES IN YEAR \_\_\_\_\_

## SCIENTIFIC EVENTS\* (congresses, conferences, symposia, workshops)

\*if there is more than 1 event, please copy this table

Name of the event:			
Venue:			
Date (dd/mm/yy):			
Organiser(s):			
URL:			
Contact address:			
Organisations involved with organisation:			
No. of participants			

## PUBLICATION OF THE EVENT

Name:			
Author(s)/Editor(s):			
No. of issues			
ISBN:			
Electronic:	CD:	Printed:	

## PROFESSIONAL EVENTS & TRAINING

\*if there is more than 1 event, please copy this table

Name of the event:			
Venue:			
Date (dd/mm/yy):			
Organiser(s):			
URL:			
Contact address:			
Organisations involved with organisation:			
No. of participants			

## PUBLICATION OF THE EVENT

Name:			
Author(s)/Editor(s):			
No. of issues			
ISBN:			
Electronic:	CD:	Printed:	

## AWARDS \_\_\_\_\_

Society award(s) (honours) to individuals for outstanding achievements in BMES research, development, education or equivalent:

YES       

NO        

Name of the Award:			
No. of the awards per year		not on regular basis	
Name(s) of the Awardees:			

\*if there is more than 1 award presented, please copy this table

## STUDENT AWARDS

YES       

NO        

Name of the Award:			
No. of the awards per year		not on regular basis	
Name(s) of the Awardees:			

\*if there is more than 1 award presented, please copy this table

## HONORARY MEMBERS:

Please, list their names and the name of the honorary title:

	Name	Title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

## REPORT:

(This report should be written as a floating text suitable for publishing. Please avoid listing and repeating standardised texts.)

*In submitting this application, we agree to abide by Constitution and By-laws of the International Federation for Medical and Biological Engineering as they apply to Member organisations.*

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
PRESIDENT SECRETARY

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this file, the statutes/bylaws and the logo of your Society to the following E-mail address:**

**[webadmin@ifmbe.org](mailto:webadmin@ifmbe.org)**

**One signed copy of the Application form together with a copy of the Constitution and By-laws in English are to be sent by mail at the address of the Secretary General:**

**Prof Kang-Ping LIN**

**Secretary General**

**IFMBE**

Electrical Engineering and Computer Science Building 3F - Room 303

200 Chung Pei Road,

Chung Li District,

Taoyuan City,

Taiwan 32023