



Membership Application

Type of membership Active ☒ Associate ☐

First Name:

Father's name:

Family:

Gender:

Male ☒

Female ☐

Place of birth:

Date of birth:

Nationality:

Country of current work:

Home phone:

Mobile:

Work phone:

Fax:

Email:

Current job:

University:

Country:

Basic university degree:

Date:

Specialty:

High Qualification:

Date:

Issued by:

Country:

Date of this application:

Signature:

Please send this application to the following eMail:

MemberShip@syriasamh.com

Please make sure to include the following:

- 1- CV
- 2- Personal photo
- 3- Copy of passport or Syrian ID
- 4- A letter of recommendation from two registered members of SAMH
- 5- Copy of the original scientific degrees

You can send the membership fees after receiving the acceptance of your membership by the executive committee, and the application will be fully accepted after receiving the fees

Decision of the Executive Committee:

- () the application was accepted as an active member
- () the application was accepted as an associate member
- () Sorry, the application was not accepted

Executive Secretary:

Name:

Signature:

All requirements for the application have been met.

Head of the Executive Committee of SAMH:

Name:

Signature: