



*Middle-East & North Africa Association on Ageing and Alzheimer's - MENAAA*

**MEMBERSHIP APPLICATION**

**Type of membership:** \_\_\_\_\_ Individual \_\_\_\_\_ Organisation

**If organisation membership, what is the name of that Organisation?**

**What is your role in the organisation (e.g. director, executive, member, etc.)?**

**Your name:**

**Degree/Title:**

**Affiliation:**

**Address:**

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Postal/Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Reason for Seeking Membership of the MENAAA:**

**Current Activities of your organization:**

**Current research interest and projects (Personal and /or network projects)**

**Suggestion and Comment**

I hereby apply for membership in the Middle-East & North Africa Association on Aging, and Alzheimer's and agree to abide by the Articles and Byelaws of the Society.

Signature:

Date: