



International Bone & Mineral Society Professional Affiliate Society Membership Application

I. Contact Information

Name of Organization: _____
Contact Person: _____
Address: _____
Address 2: _____
City: _____ Country: _____ Postal Code: _____
Phone: _____ FAX: _____
E-mail: _____
Website: _____

Name of Head Officer: _____
Institution/Company: _____
Address: _____
Address 2: _____
City: _____ Country: _____ Postal Code: _____
Phone: _____ FAX: _____
E-mail: _____

II. Organizational Information

How many members do you have? _____

Do you have an annual meeting? _____

If yes, where will this meeting be held for the next three (3) years?

1. _____
2. _____
3. _____

How many people attend your meetings? _____

Do you have a publication/ printed journal? _____

If yes, what is the title? _____

If yes, how often is it published? _____

Do you have a member newsletter? _____

If no, would you be willing to send IBMS news to your members? _____

MISSION: IBMS is the international organization that facilitates the generation and dissemination of knowledge of bone and mineral metabolism through communication, community, training, and multi-disciplinary meetings throughout the world.