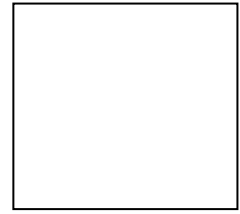




Ghana Society of Biomedical Engineers

Membership Application Form



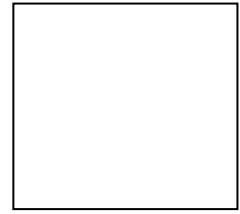
Please attach passport picture

Name in full:	Nationality:																									
Place of Birth:	Date of Birth:																									
Address A. Office:																										
B. Home:																										
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Contact Number:																										
Please tick the address preferred for mailing: Office <input type="checkbox"/> Home <input type="checkbox"/>																										
Present position, Length of Service and Responsibilities:																										
Nature of experience and interest in Biomedical Engineering including publications: (Attach additional sheets if necessary)																										
Academic Qualification: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Date</th> <th style="width: 30%;">Name of Institution</th> <th style="width: 30%;">Type of Institution: (Secondary/University/Other)</th> <th style="width: 20%;">Certificates Awarded</th> <th style="width: 15%;">Year of Award</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Date	Name of Institution	Type of Institution: (Secondary/University/Other)	Certificates Awarded	Year of Award	1.					2.					3.					4.				
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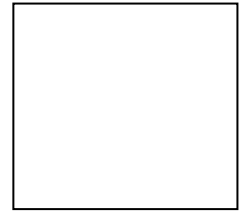
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Application Received on:	Membership No:
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	Elected on:

PLEASE ATTACH COPIES OF CERTIFICATES



Ghana Society of Biomedical Engineers



Student Membership Application Form

Please attach passport picture

Name in full:	Nationality:
Place of Birth:	Date of Birth:
Address A. Office:	
B. Home:	
E-mail ID:	Student's ID Number: (Attach photocopy)
Contact Number:	
Please tick the address preferred for mailing: Office <input type="checkbox"/> Home <input type="checkbox"/>	
Name of Academic Institution:	
Level:	
Nature of experience and interest in Biomedical Engineering including publications: (Attach additional sheets if necessary)	
Academic Qualification:	
Date	Name of Institution
	Type of Institution: Certificates Awarded Year of Award (Secondary/University/Other)
1.	
2.	
3.	
4.	
Membership of other professional organisations:	
I certify that the statements on this application are correct and agree to abide by the rules and bylaws of the society.	
Date:	Signature of Applicant
FOR OFFICE USE	
Application Received on:	Student Membership No:
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