



THE EGYPTIAN NEUROMUSCULAR ULTRASOUND SOCIETY MEMBERSHIP APPLICATION FORM

Kindly fill out this form and send it to nmusgroup@gmail.com

| | |
|-------------|--|
| NAME | |
| LAST NAME | |
| TITLE | |
| DEGREE | |
| SPECIALITY | |
| AFFILIATION | |
| EMAIL | |
| MOBILE No. | |

By signing this application, I confirm that the info I have provided in this form are correct and confirm that I have no conflict of interests that may interfere with my membership in the Egyptian Neuromuscular Ultrasound Society.

Signature:

Date:

Thank You!

Thank you for your interest in joining the Egyptian Neuromuscular Ultrasound Society (ENMUS)