MEMBER

APBMT
Asia Pacific Blood and Marrow Transplantation Group

APBMT Membership Application Form

PHOTOGRAPH

Please print clearly

Last name:	First name:
Qualifications: ☐MD ☐PhD ☐Nursing qualification ☐Other specify ____________	
Department:	
Institution:	
Address:	
City:	Province / Prefecture:
Postal code:	Country:
Phone:	Fax:
e-mail:	

＊Please list your main achievement on another paper and attach it to this form.

Date:____________________________

Signature:________________________

RECOMMENDATION: I recommend this person highly as a regular member of the APBMT.

Date:____________________________

Signature:________________________

Please send the completed form to the following address;

APBMT Secretariat / Data Center (Nagakute Campus)

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1-1 Yazakokarimata, Nagakute, Aichi, 480-1195, Japan
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