

Muslims Medical Research Forum (MMRF)



Membership Form

PLEASE USE BLOCK LETTERS

*All personal information supplied to MMRF will be treated with confidentiality. There is no membership fee.
Fax, email or post this form to the address shown in the footnote.
Please ensure you complete both Sections 1 & 2.*

Section 1

Surname: _____ Title: _____ First name: _____
Address: _____

Phone: _____ Fax: _____
Email: _____
Date of Birth: _____ Gender: _____
Organization/Affiliation: _____
Position Held / Designation: _____
Qualifications: _____

Section 2

Area/'s of interest related to Islam & the medical science / health:

1. _____ 2. _____
3. _____ 4. _____

Very briefly mention any related research work that you have done:

Do you allow MMRF to list your email address on its site for other member researchers to contact you? Yes No

Would you like to post your research material related to Islam & Health on MMRF website for others to share? Yes No

Would you be interested in contributing to MMRF through any of the following means?

- Assist in Surveys Monetary Technical/Professional help Creating awareness
 Infrastructure & facility support Taking up research assignments Any other mean

Do you permit MMRF to send you email on new developments / research: Yes No

Membership applied for:

- Professional (Medical community like doctors, nurses, pharmacists, etc)
 General (Non-medical persons)

Signature: _____

Date & Place: _____

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