



Membership Application - Society

Contact Information			
Contact Full Name:			
Society Name:			
Street Address:			
City:		State/Province:	
Postal Code:		Country:	
Telephone:		Fax:	
Email:		Website:	

Society Details	
Number of Members:	
Administrative Structure (Board, Executive Committee, Council, Committees)	
Name of Society Journal:	

Society Meetings and Congresses			
Frequency of Meetings:		Average Attendance:	
Past Meetings			
Location	Date	Main Themes	
Planned Meetings			
Location	Date	Main Themes	

Supporting Documents
Please attach the following documents: <ul style="list-style-type: none"> Constitution of the Society List of members Election and voting procedures

Authorized Signature	Date
Print Name	Title



Return Completed Application to:

International Union of Phlebology/Union Internationale de Phlebologie

572 Ruger St (Surface)

PO Box 29920 (Mail)

San Francisco, CA 94129-0920

Phone: (415) 561-6270

Fax: (415) 561-6120

Email: [mailto:secretariat@iup-phlebology.org?subject=Membership application](mailto:secretariat@iup-phlebology.org?subject=Membership%20application)