

Application/Renewal for ESSB Membership

Are you already a Member of the ESSB? Yes No

Members are requested to complete the application form for updating. For members receiving their membership card for the first time, kindly submit 2 recent photos with the form.

Personal Information

Full name: _____
(Please indicate degree, i.e. MD, PhD)

Mailing Address: _____

Phone: (Home) _____ (Office) _____
(Mobile) _____ (Other) _____

Email Address: _____

Date of Birth: _____

Medical School: _____

Graduation Year: _____ Degree: _____

Subspecialty: _____

Other Master Degree(s): _____

Current job: _____

Please return your completed application – with 2 recent photos - to:

The Egyptian Scientific Society of Bronchology Secretariat:



Conference Organizing Bureau

14, El Khalil Street, Lebanon Square, Mohandessin, Giza, Egypt.

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E-mail: cobshahi@link.net website: www.cob-eg.org