# GEMPA

## Georgian Medical Physics Association

### Membership Application Form

All fields are mandatory

| | |
|---|---|
| First Name | |
| Last Name | |
| Date Of Birth (YYYY-MM-DD) | |
| Home Address | |
| Phone Number | |
| Email | |
| Personal ID number | |
| Work Place, address | |
| Work position | |

Read association regulations on this link

| | |
|---|---|
| Confirmation to obey rules | |
| Signature | |
| Date (YYYY-MM-DD) | |

Print out applicatoin form, sign, scan and send it along with CV to : gemp.association@gmail.com