ASAS membership application form

I apply for: **associate ASAS membership / full ASAS membership** (pls delete one of the options)  
  
First name:   
Last name:   
Birthdate (only for internal administrative purposes, not visible on the website) format: y-m-d :   
Title:   
Current position:   
Address:   
Postcode:   
City:   
State / province:   
Country:   
Telephone: Fax: (optional)  
E-Mail:

Name of a mentor: (mandatory for associate member applications and upgrade requests; put NA if not applicable):

Name of the full ASAS members who provided letters of support (mandatory for the first time application: put NA if not applicable):

**Professional career:** (list the major steps, e.g. 1980-1986 – Medical School …)

**Expression of interest in spondyloarthritis** (based on past, current and/or planned research activities):

**Publications (last 5 years**):

I accept the privacy policy (pls put an x in the box): [ ]

Please paste the **signed** **support** **letters** in this document as well and save it as pdf before you send it to the following mail addresses: [membership@asas-group.org](mailto:membership@asas-group.org) and [mail@asas-group.org](mailto:mail@asas-group.org)