ASAS membership application form

I apply for: **associate ASAS membership renewal/ upgrade to full ASAS membership** (please 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:

E-Mail:

Name of a mentor:

**Professional career:** list the major educational degrees and job positions, e.g. 1980-1986 – Medical School.

**Expression of interest in spondyloarthritis:** demonstrate special interest in the field of spondyloarthritis, such as active participation in educational, research, clinical and national group activities:

**Active participation in ASAS initiatives:** describe if and how you actively participated inASAS initiativesin the last threeyears including research projects, Y-ASAS teams, surveys and meetings.

**Publications (last 5 years**): underline your lastname and add publications in the following order and sections: i) spondyloarthritis (including axial or peripheral spondyloarthritis), ii) psoriatic arthritis and iii) other musculoskeletal and rheumatic diseases.

I accept the privacy policy (please 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 and mail@asas-group.org