



MEMBERSHIP APPLICATION FORM

Full Name:

Email:

Organization Name:

Phone:

Street Address:

City:

District/ State:

Country:

Procedure Offered:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Wellness Spa |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Preventive Medicine | <input type="checkbox"/> Wellness Traditional treatments |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Physical Rehabogy | |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Anti- aging | |

Please check the Membership level you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Corporate Membership | <i>A company may be admitted to be a Corporate Member if it is an organization which is registered or organized under the laws of Belize and if provides a good or a service which is regulated by the laws of Belize</i> |
| <input type="checkbox"/> Professional Membership | <i>A professional may be admitted to be a Professional Member if the person is licensed under the laws of Belize.</i> |
| <input type="checkbox"/> Provisional Membership | <i>An individual may be admitted to be a Provisional Member if such individual is not registered or organized under the laws of Belize yet.</i> |
| <input type="checkbox"/> Allied Membership | <i>An organization may be admitted to be an Allied Member if such organization is a support institution wheresoever registered or organized with similar or complimentary objectives to the Company. The Allied Membership will only include benefits and responsibilities for the institution itself and not for the members of this organization.</i> |

Signature

Date