# International Multispeciality Journal of Health

## Application form for Member

| PROFESSIONAL INFORNATION | | | |
|---|---|---|---|
| Organization | | Published Research Paper | |
| Designation | | ☐ International | |
| Phone \| Fax | | ☐ National | |
| E-mail | | ☐ Conference | |
| Organization address<br>City, State ZIP Code | | ☐ Other | |

| PERSONAL INFORMATION | | | |
|---|---|---|---|
| First Name | | Last Name | |
| Residence Address? | | | |
| Mobile No.: | | Landline No.: | |
| Fax | | | |
| E-mail | | Website (if any) | |
| Qualification | | Experience | |

| RESEARCH AREA | | | |
|---|---|---|---|
| | | | |
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| REVIEW INFORMATION | |
|---|---|
| How many reviews would you be able to do per month | |
| How much time do you need in order to schedule and complete a review | |
| Please mention if you are serving any journal | |
| Please mention if you are member of any Organization | |

| SIGNATURES | | | |
|---|---|---|---|
| Signature | | City & Dist. | |
| Name and Title | | State | |
| Date | | Country | |

**Note:** Please send the scan copy of this form to director@imjhealth.org, info@imjhealth.org.