

***official.ispti@gmail.com***

*Please paste*

*recent photo here*

**MEMBER DATA FORM**

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| --- |
| **PERSONAL INFORMATION** |
| **Name** (*Last, First, Middle Initial, Suffix if any*): |
| **Birthday** (*Month/Day*)**:** |
| **e-Mail address:** |
| **AFFILIATION/S** | |
| **University:** | |
| **Address:** | |
| **Hospital 1:** | |
| **Address:** | |
| **Hospital 2** (*optional*)**:** | |
| **Address:** | |
| **POSITION/S** | |
| **Academic Designation:** (*e.g. Professor*) | |
| **Profession:** (*e.g. Pediatric Radiologist*) | |
| **Current Position 1:** | **Since** (*Year*)**:** |
| **Current Position 2:** (*Optional*) | **Since** (*Year*)**:** |
| **Previous position/s held:** (*Maximum of 3*) | **Years in service:** |
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