



Euro-Mediterranean Council for Burns and Fire Disasters (MBC)



WHO Collaborating Centre for Prevention and Treatment of Burns and Fire Disasters

Membership Application

Surname _____

Name _____

Profession MD PhD RN RT OT PT
 PA MSV RD Industry Rep. Paramedic Burn Patient Lay Person

Address _____

Post cod. _____ City _____ Country _____

Tel. _____ Fax _____ E-Mail _____

I prefer to receive the scientific magazine Annals of MBC and correspondence at this address

Institute/Hospital _____

Address _____

Post cod. _____ City _____ Country _____

Tel. _____ Fax _____ E-Mail _____

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1st MBC Member referee _____ Signature _____

2nd MBC Member referee _____ Signature _____

Annual fee: one year 75,00 €

Method of Payment:

Paypal or Credit Card

Bank Transfer to: UNICREDIT BANK, Address: Via Ruggero Settimo 26, 90141 Palermo, Italy
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Date of payment: ____/____/____

Date _____ Signature _____

Return form to:
Secretary of Mediterranean Council for Burns and Fire Disasters (MBC) c/o Divisione di Chirurgia Plastica e
Terapia delle Ustioni - Azienda di Rilievo Nazionale e di Alta Specializzazione - Via C. Lazzaro 90127
Palermo - Italy -Tel. 39-091 666 36 31 - Fax 39-091 59 64 04 - E-mail: mbcpa@medbc.com