**SUPPORTING MEMBERSHIP GUIDELINES**

1. **Type:**
   * **GOLD: 10,000USD/1yr**
   * **SILVER: 5,000USD/1yr**
   * **BRONZE: 3,000USD/1yr**
2. **Benefits** 
   * Reduced square meter price for exhibition space
   * Priority in choosing exhibition space
   * Logo and website link placement in Newsletters per calendar year (HTML mail to more than 1,000 recipients). Mailing dates and chosen issues have to be announced to the AOFNMB Executive Office well in advance
   * Listing of corporate members in a dedicated A4 color page in the AOCNMB final program
   * Logo and website link placement on the AOFNMB homepage (www.aofnmb.org)
   * Invitation to Asia Oceania Research Initiative Network where many projects are treated with equal Partnership for promotion of Nuclear Medicine practice in Asia and Oceania.
   * Priority of education and training platform of AOFNMB for customers

\* According to the level, there may be differences in size and priorities of advertisement.

**APPLICATION FORM (SUPPORTING MEMBER)**

**TYPE OF MEMBERSHIP**

|  |
| --- |
| □ Gold: USD10,000/1yr □ Silver: USD5,000/1yr □ Bronze: USD3,000/1yr |

**COMPANY DETAILS**

|  |
| --- |
| Company Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code : \_\_\_\_\_\_\_\_\_\_\_  Country : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone/Fax : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONTACT PERSON / BILLING ADDRESS：**

|  |
| --- |
| □ Prof. □ Dr. □ Mrs. □ Ms. □ Mr. □ Other title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return the completed form to the AOFNMB Secretariat by mail **<office@aofnmb.org>** membership invoice / payment confirmation will be sent.