

Membership Form



Pakistan Association of Medical Editors

Reg No. KAR-NO-0371 of 2008-09

Room No. 522, 5th Floor, Panorama Centre, Building No. 2, Raja Ghazanfar Ali Road,
P.O. Box 8766, Saddar, Karachi - Pakistan. Phones: 35688791-35689285 Fax: 35689860
Website: www.pame.org.pk E-mail: info@pame.org.pk

Date: _____

Name: _____ Membership No.: _____
(For Office Use)

Address: _____

Phone: _____ Cell: _____ E-Mail: _____

Name of the Journal: _____ Website: _____

Designation / Association (if any): _____

Journal Published since: _____ Frequency: Monthly Quarterly Biannual
 Bi-monthly Annual

Peer Review system practised: No Blind Double Blind Open

Recommended by: 1 _____ 2 _____
(Managing Committee Members)

Applied for: Full Membership Associate Membership

Life Membership Fee: Rs. 5,000/- (Rupees Five Thousand Only) Cheque No. _____

Associate Membership Fee: Rs. 3,000/- (Rupees Three Thousand Only) Cheque No. _____

Please draw cheque, bank draft in the name of Pakistan Association of Medical Editors.

Note: Editors of only Peer Reviewed medical and dental journals are eligible for full membership. Editors includes Chief Editor, Managing Editor, Assistant Editor, Joint Editor, Supplement Editor and Technical Editors. All others can become Associate Members. Application for full membership must be accompanied by four last issues of the journal beside peer review details of the last issue. See details on PAME website given above.

Approved By President _____ General/Joint Secretary _____