



# WARMTH

**WORLD ASSOCIATION  
OF RADIOPHARMACEUTICAL  
AND MOLECULAR THERAPY**

FOUNDED 2009

## MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORIES	MEMBERSHIP FEES	
	Per Year	5 Years
<b>Ordinary Membership</b> (Physicians / Scientists engaged in mainly nuclear medicine or related fields with a completed university or equivalent education)	USD 50	USD 200
<b>Associate Membership</b> (Persons working in the field of nuclear medicine or related fields le: Nuclear Medicine Technologists, Radiographers, Nursing Personnel, etc)	USD 30	USD 120
<b>Corporate Membership</b> (Individuals, Societies, Associations / Companies interested in promoting the aims of WARMTH)	USD 2,000.00	USD 8,000.00

### PARTICULARS

Family Name	:	First Name	:
Full Name	:	Gender	:
Address	:		
Postcode	:	City / Country	:
Contact No.	:	Mobile No.	:
Email Address	:	Qualifications	:

### PAYMENT OPTIONS

☐ Credit Card (VISA/MC) \_\_\_\_\_ Exp:\_\_\_\_\_ CVV:\_\_\_\_\_

Address if different than above: \_\_\_\_\_

☐ Via PayPal - Please remit the above amount to [Finance@WARMTH.org](mailto:Finance@WARMTH.org) or via [paypal.me/warmthinc](https://paypal.me/warmthinc)

☐ Wire Transfer (Payment made by Telegraphic Transfer should be made net of all bank charges and commissions)

#### Bank Details

Beneficiary's Name Bank Account No. Beneficiary;  
Address Beneficiary Bank

WARMTH, INC. # 11106137  
Oak Valley Community Bank  
125 N Third Ave Oakdale, CA 95361  
Acct Routing: 121142119  
Account Holder: WARMTH INC  
Account # # 11106137  
743 STRATFORD RD OAKLAND CA 94610

Please state on the remittance advice that the payment is for "WARMTH Membership Fee" and indicate your Name and Contact Number clearly. Upon completion of the transfer, please email a copy of your remittance advice with your Name to the Secretariat at [info@warmth.org](mailto:info@warmth.org) for tracking purposes.

Date

Signature

.....