Macedonian Association of Radiologists

MACEDONIAN ASSOCIATION OF RADIOLOGY (MAR)

APPLICATION FORM FOR FOREIGN RADIOLOGISTS

1. Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Nationality:** _____

2. Professional Information

- **Professional Title:**

  ☐ Specialist Radiologist

  ☐ Radiology Resident

  ☐ Other (please specify): _____
- **Primary Specialty / Subspecialty:** _____
- **Institution / Hospital / Practice:** _____
- **Country of Practice:** _____
- **Years of Professional Experience:** _____

3. Contact Details

- **Email Address:** _____
- **Telephone (with country code):** _____

4. Professional Credentials

Please indicate the documents provided with this application:

- ☐ Copy of specialist or residency certificate
- ☐ Proof of payment of annual membership fee (**60 euro for specialists, 30 euro for residents**)

5. Membership Category

- ☐ Specialist Radiologist
- ☐ Resident / Trainee
- ☐ External / Associate Member

6. Declaration

I hereby apply for membership in the Macedonian Association of Radiology (MAR).

I confirm that the information provided in this application is accurate and complete.

I agree to comply with the Statute, ethical principles, and professional standards of MAR.

- **Place and Date:** _____
- **Signature:** _____

Please submit the completed application form together with the required documents and proof of payment to:

info@mar.org.mk