



Application for membership at CIH^{LMU} Center for International Health

The membership contract between you and the CIH^{LMU} comes into effect once the application for membership form has been completed and accepted by a duly authorized officer of the CIH^{LMU} and the Membership Agreement has been signed by you and by the CIH^{LMU} Board.

Existing involvement(s) in CIH activities	?
☐ Yes If yes, which?	
1)	
2)	
3)	
□ No	
Personal Information	
Complete Name	
Date of Birth (dd/mm/year)	
Gender	
Title/ Profession	
Institute/ Company	
Department/ Division	
Academic degrees Indicate highest degree earned, and institution granting the degree.	













CIHLMU CENTER FOR INTERNATIONAL HEALTH We empower health professionals

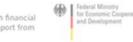
Contact Information

Institu	ite/ Company Address		
Stree	t Address	Number/ Room	
City		State	
ZIP/ I	Postal Code	Country	
Telep (incl.	area code)	Mobile phone	
	E-mail Address utional and/or e)		
Focus	Areas of CIH ^{LMU} , in which you are active:		
	International Occupational Safety and Health Medical Education Infectious Diseases and Tropical Medicine Humanitarian Aid Padiatrics Global Mental Health Environmental Health One Health Others:		
Please institu	oration with other institutions indicate with a cross your active collaboration tions. CIH partner institutions:	n (if any) with CIH p	artner
	Jimma University (JU), Ethiopia National Institute of Medical Research – Mbeya Medical Universidade Católica de Beira (UCM), Mozambique University of Cape Coast (UCC), Ghana Khesar Gyalpo University of Medical Sciences of Bhuta Patan Academy of Health Sciences (PAHS), Nepal Universidad del Rosario (UR), Colombia Universidade Federal do Paraná (UFPR), Brazil Universidad Mayor, Real y Pontificia de San Francisco Universidad de San Carlos de Guatemala (USAC), Guate	n (KGUMSB), Bhutan Xavier de Chuquisaca (l	













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Please indicate the most important th potential relevance for the work of CI	ree collaborations with other institutions with H (if any):
The aim of CIH ^{LMU} and its partners is income countries by promoting media	to improve the health conditions in low and middle cal education and research.
I hereby apply for membership in the and understood the CIH ^{LMU} Members	CIH ^{LMU} Center for International Health. I have read ship Agreement.
For the purpose of processing my appagree on the storage of my data.	plication and for the members' administration, I
Print Name	Place, Date
Signature	
Please submit your membership applicat	ion by post or e-mail to:
LMU Klinikum	
CIH ^{LMU} Office (Room 3D.62) Ziemssenstr. 1	
80336 Munich, Germany	
E-Mail: cih@lrz.uni-muenchen.de	







