VENUS REGENERATIVE MEDICINE INSTITUTE

VRMI

Individual Membership Application

Associative Membership — Open to licensed medical professionals of all specialties

FREE TO APPLY · TWO BOARD ENDORSEMENTS REQUIRED

VRMI Individual Associative Membership grants priority access to VRMI courses, exclusive discounts on all educational programs, access to research publications, and a pathway toward the VRMI Diploma in Regenerative Medicine. Complete every required field marked with an asterisk (*).

01 PERSONAL INFORMATION

FIRST NAME *

LAST NAME *

DATE OF BIRTH (DD/MM/YYYY) *

NATIONALITY *

EMAIL ADDRESS *

PHONE NUMBER (WITH COUNTRY CODE) *

COUNTRY OF RESIDENCE *

CITY

02 PROFESSIONAL BACKGROUND

MEDICAL SPECIALTY *

- Select specialty -

YEARS OF EXPERIENCE *

- Select range -

MEDICAL LICENSE NUMBER *

ISSUING COUNTRY / AUTHORITY

GRADUATION YEAR *

MEDICAL SCHOOL / UNIVERSITY *

CURRENT POSITION & WORKPLACE

PROFESSIONAL WEBSITE OR LINKEDIN (OPTIONAL)

03 REGENERATIVE MEDICINE ENGAGEMENT

CURRENT INVOLVEMENT IN REGENERATIVE MEDICINE

- Select level -

Areas of interest within VRMI — tick all that apply:

- ☐ Regenerative Injectables
- ☐ Autologous Therapies (PRP/PRF)
- ☐ Fat Grafting & Nanofat
- ☐ Energy-Based Regeneration
- ☐ Hair Regeneration
- ☐ Longevity & Anti-Aging
- ☐ Research & Clinical Trials
- ☐ Education & Training
- ☐ Regenerative Aesthetics

BRIEF STATEMENT OF PURPOSE — WHY DO YOU WISH TO JOIN VRMI?

04 BOARD MEMBER ENDORSEMENTS

Two endorsements from current VRMI Board Members are required. The VRMI Secretariat will contact them directly.

Endorsement One

FULL NAME *

TITLE / ROLE

CONTACT (OPTIONAL)

Endorsement Two

FULL NAME *

TITLE / ROLE

CONTACT (OPTIONAL)

05 DECLARATION & AGREEMENT

I, the undersigned, hereby apply for Associative Membership of the Venus Regenerative Medicine Institute (VRMI). I confirm that all information provided in this application is accurate and complete to the best of my knowledge. I agree to uphold the professional and ethical standards of VRMI, to abide by its bylaws and code of conduct, and to contribute positively to the advancement of regenerative medicine in the MENA region and globally. I understand that membership is subject to review and approval by the VRMI Board of Directors.

☐ I have read and agree to the above declaration and to VRMI's code of conduct and professional standards.

☐ I consent to VRMI contacting my endorsing board members to verify this application.

SIGNATURE (TYPE FULL NAME) *

DATE *

OFFICE USE — REFERENCE NO.

Applications are reviewed within 14 working days.
You will receive a confirmation email upon receipt of your application.
Enquiries: membership@thevenus.org