

ASIAN SURGICAL ASSOCIATION

(Formerly ASSOCIATION OF SURGEONS OF SOUTH EAST ASIA) MEMBERSHIP APPLICATION FORM

Please return the completed form to the **Secretary General**, **ASA Secretariat**, **Department of Surgery**, **The University of Hong Kong**, **Queen Mary Hospital**, **Pokfulam**, **Hong Kong**.

You will receive an acknowledgement email and be						
			Category tion fee: U	עט S\$60 / HK\$4	!80*	
☐ Life Member F *An entrance fee of US\$20 / HK\$160 is required f					e is included) ears of paid-up subscription.	
Personal Particulars					*mandatory field	
Name*: (in block letters) (First name)	(First name) (Last name)			Date of Birth:		
Email*:						
Address (in full)*:				Tel. (Home):		
				Tel. (Office):		
Correspondence Address (in full)*:				Mobile:		
				Fax No.:		
Medical Qualifications*						
Qualification(s) con	Qualification(s) conferred			Medical school / Institution		
Primary qualification(s)						
Higher / specialist training or qualification(s)						
Vork Appointments*		•			•	
Appointed position (Please state specialty, if any)		rom	То	Hospital / Institution		
Date:	Şi	gnature:		l		

Tel: (852) 2255 4610 / (852) 2255 4910 Fax: (852) 2816 2094 Email: secretariat@AsianSurgAssoc.org