



# ASIAN SURGICAL ASSOCIATION

(Formerly ASSOCIATION OF SURGEONS OF SOUTH EAST ASIA)

## APPLICATION FOR MEMBERSHIP

Please complete this form & return to the **Secretary General, ASA Secretariat, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Pokfulam, Hong Kong.**

You will receive an acknowledgement of receipt and be notified of the results of your application within three months. Information on the Association is available from the Council members in your country, the Secretary General, or the website "AsianSurgAssoc.org".

Please type or use block letters

<b>NAME:</b> .....			
FAMILY NAME (SURNAME)	OTHER NAMES		
<b>DATE OF BIRTH:</b>			
<b>ADDRESSES IN FULL:</b>			
Home:		Tel. No.:	
		Fax No.:	
Office:		Tel. No.:	
		Fax No.:	
		Email:	
(Unless otherwise indicated, the office address will be used as correspondence address)			
<b>MEDICAL &amp; PROFESSIONAL QUALIFICATIONS:</b>			
	Degree / diploma awarded	Medical school or professional institution	Date obtained
Primary qualification:			
Higher / specialist qualifications or training			
<b>APPOINTMENTS:</b>			
Position	From	Dates To	Hospital or institution
<b>SPECIALTY (if appropriate):</b>		<b>SPONSOR: (Name in Block Letters)</b>	
Date: .....		Signature: .....	