



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 notified of the result of your application within three months.

Membership Category

Ordinary Member *Annual subscription fee: US\$60 / HK\$480**

** An entrance fee of US\$20 is required for new members. Life Member at US\$200 after 5 years of paid-up subscription.*

Personal Particulars

**mandatory fields*

Name*: <small>(in block letters)</small> <small>(First name) (Last name)</small>		Date of Birth:
Email*:		
Address (in full)*:		Tel. (Home):
		Tel. (Office):
Correspondence Address (in full)*:		Mobile:
		Fax No.:

Medical Qualifications*

	Qualification(s) conferred	Medical school / Institution	Date obtained
Primary qualification(s)			
Higher / specialist training or qualification(s)			

Work Appointments*

Appointed position (Please state specialty, if any)	From	To	Hospital / Institution

Date: _____

Signature: _____