



Asian Association of Endocrine Surgeons

Membership Application Form

(Please type in block letters)

Please return the application form to:

Address: Secretary, Asian Association of Endocrine Surgeons

19, Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia

Tel: 603-2093 0100, 603-2093 0200, 603-2092 5262, **Fax:** 603-2093 0900

Email: acadmed@po.jaring.my website: www.AsianAES.org

I. Personal Information

Title: Prof. Dr. Mr. Ms. (Please tick as appropriate)

First Name:

Middle Name:

Last Name:

Date of Birth (dd/mm/yy):

Present Position:

Department:

Institution:

Mailing Address:

City:

Zip Code:

Country:

Nationality:

Tel:

Fax:

E-mail:

Are you a member of International Society of Surgery (ISS/SIC)?

Yes

No (Please tick as appropriate)

Signature of applicant:

Date:

II. Sponsors (2 members of the Asian Association of Endocrine Surgeons)

1. First Name:

Last Name:

Institution:

Department:

Address:

Signature:

Date:

2. First Name:

Last Name:

Institution:

Department:

Address:

Signature:

Date: