****

**ASIAN ASSOCIATION OF ENDOCRINE SURGEONS**

**Application for Membership**

**Application Instructions**

1. Application form should be completed by the candidate, signed by the candidate and his/her sponsor and forwarded directly to the office of the Secretary-Treasurer.
2. The sponsor must be a current member of the AsAES.
3. Submit your curriculum vitae, bibliography and a summary of endocrine surgical procedures performed in the past one year. You may include the procedures preformed as an instructor or as an assistant with clear document.
4. Please email application and supporting documents to Secretary-Treasurer: Dr. Imi Sairi Ab Hadi at: drimisairi@yahoo.com

First Name: Middle Name:

First names: Date of Birth/(dd/mm/yy):

Present Position: Department:

Institution:

Mailing Address:

City: State:

Zip code: Country:

Phone: Email Address:

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: Sponsor’s Email Address

Print Name;

Signature;