



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

G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia

Tel: 603-4023 4700, 603-4025 4700, 603-4025 3700, Fax: 603-4023 8100

Email: secretariat@asianaes.org

Website: www.AsianAES.org

I. Personal Information

Title: Prof. Dr. Mr. Ms. (Please circle 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:

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: :

Payment Enclosed Congress fee + USD50

I hereby declare that all above information is correct

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Signature of applicant

Date :