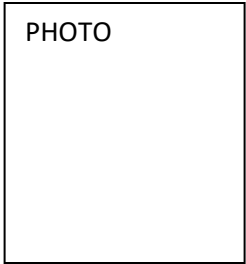




**Asia-Pacific Society of Ophthalmic Plastic**

**and Reconstructive Surgery Membership Application Form**



**Given name/ Last name:** \_\_\_\_\_

**Family name/First name:** \_\_\_\_\_

**Gender:** Female / Male (circle one)

**Primary email address:** \_\_\_\_\_

**Secondary email address (if any):** \_\_\_\_\_

**Teaching/ Academic Appointment**

**Institution Position:** \_\_\_\_\_

**Hospital/Academic affiliation(s)**

**1 Position Name:** \_\_\_\_\_

**City, State, Country, PIN Code** \_\_\_\_\_

**2 Position Name:** \_\_\_\_\_

**City, State, Country, PIN Code** \_\_\_\_\_

**Practice address\*:** (Required for shipping APSOPRS membership certificate)

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

**Residential address:**

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

**Telephone:** Country code ( ) Telephone number ( )

**Country of Registration/Practice (Asia-Pacific):** \_\_\_\_\_

**Medical graduation degree (provide documentary evidence\*):** \_\_\_\_\_

Institution / Country / Year of graduation: \_\_\_\_\_

**Fellowship training: (provide documentary evidence\*)**

1. Institution, State, Country: \_\_\_\_\_

Period of training: \_\_\_\_\_

Preceptor(s): \_\_\_\_\_

2. Institution, State, Country: \_\_\_\_\_

Period of training: \_\_\_\_\_

Preceptor(s): \_\_\_\_\_

**Referees (APSOPRS paid members)**

1. Name: \_\_\_\_\_ Country: \_\_\_\_\_ Membership #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Country: \_\_\_\_\_ Membership #: \_\_\_\_\_

**Other Oculoplastic Society membership(s):**

National: \_\_\_\_\_

International: \_\_\_\_\_

**Membership applied for (check one)**

I wish to apply for the following category of APSOPRS membership through Paypal/Wire transfer\*

**1. New member**

a. 2 yearly USD 100 ( )

b. Life Membership USD 600 ( )

**2. Renewal of membership (provide documentary evidence of previous membership)**

a. 2 yearly USD 100 ( )

b. Life Membership USD 500 ( )

**3. International membership (non Asia-Pacific/no voting) USD 500 ( )**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Account Name: Asia-Pacific Society of Ophthalmic Plastic & Reconstructive Surgery  
Swift Code: DBSSSGSG  
Account Number: 0008-000351-01-8-022  
Bank name/address: DBS Bank, 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982.

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