

APHS Membership Application / Renewal Form

Please complete the following, enclose your CV and send to APHS Secretariat:

Asia-Pacific Hernia Society (APHS)

c/o MISC – Department of Surgery • National University Hospital • 5 Lower Kent Ridge Road • Singapore 119074

Tel: + 65 6772 5264 Fax: + 65 6775 4007 Email: info@aphernia.com

This is a: new application

I would like to apply as: Life Member USD 100
(once off including certificate)

Applicant / Member's Name:

Title: Prof/ Dr/ Mr/ Ms

First Name: Middle Name: Last Name:

Please tick preferred mailing address:

Office Address:

Name of Institution or Hospital: Position Held:

Address:

City: Country: Postal Code

Tel: (.....) Fax: (.....) Mobile: (.....)

Email:

Residential Address:

Address:

City: Country: Postal Code

Tel: (.....) Fax: (.....) Mobile: (.....)

Email:

Payment Method:

by cheque / bank draft number (Please make payment in favour of **Asia-Pacific Hernia Society**)

by Telegraphic Transfer

Beneficiary Bank's Name : **DBS Bank Ltd, Singapore**
SWIFT Address: DBSSGSG
CHIPS UID Number: 034675
Or Telex Number: RS 24455

Beneficiary Bank's Address : 6 Shenton Way
DBS Building
Singapore 068809

Beneficiary Bank's Account : 063-900616-0

Beneficiary Name : Asia-Pacific Hernia Society

For TT in USD

The Agent Bank is Bank of New York, New York
ABA / Routing # 021000018