



ASIAN SOCIETY FOR FEMALE UROLOGY

APPLICATION FOR INDIVIDUAL/CORPORATE MEMBERSHIP OF THE ASIAN SOCIETY FOR FEMALE UROLOGY

Name: _____ Prof/Dr/Mr/Ms: _____

Given Name/First Name: _____ Initial: _____

Profession/Specialty: _____
(Urologist, Gynaecologist, Geriatrician, Colorectal, Surgeon, Proctologist, Physiotherapist, Nurse)

Institution/Office Address OR Home Address: _____

City/State: _____ Postal Code: _____

Country: _____ E-mail Address: _____

Phone: _____ Fax: _____

SUBSCRIPTION

The fee payable for different membership categories are shown below:

INDIVIDUAL MEMBER

US \$50/- entrance fee; US \$20/- annual subscription

CORPORATE MEMBER

US \$150 entrance fee; US \$100 annual subscription

Please note

1. Individual and Life Memberships are opened to medical professionals.
2. Corporate Membership is opened to all commercial bodies, firms, government departments, clubs or any organisation interested in supporting the Society in furthering its aims.
3. Payment for membership should be made by Telegraphic Transfer. Information as follows:

Bank name: DBS Bank
Account name: Society for Continence (Singapore)
Account number: 015-015744-5
Bank address: 301 Upper Thomson Road, Singapore 574408

Please fax or mail application form to:

**THE HONORARY SECRETARY
SOCIETY FOR CONTINENCE (SINGAPORE)**

Camden Medical Centre, 1 Orchard Boulevard #04-03, Singapore 248649
Fax: 65-6588 1723