



# ASIA PACIFIC ORTHOPAEDIC ASSOCIATION

APOA Secretariat, c/o 17 Jalan Mesin #04-01 Lee Hwa Industrial Building, Singapore 389801  
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## MEMBERSHIP APPLICATION FORM

PERSONAL PARTICULARS		
Salutation: <input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Last Name:	Year of Birth:
Correspondence Address:		
State:	Country:	Postal Code:
Telephone Number:	Facsimile Number:	
Email Address:	Name of National Orthopaedic Association:	
CATEGORY OF MEMBERSHIP (*see below for description of categories)		
<input type="checkbox"/> Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/> Affiliate Fellow <input type="checkbox"/> Trainee Fellow <input type="checkbox"/> Paramedical / Affiliate Member		
SUBSCRIPTION (Please select either A or B and tick accordingly)		
<b>(A) Annual Subscription for <u>ALL</u> Categories</b>	<b>Fee in USD</b>	<b>Total in USD</b>
<input type="checkbox"/> 1 January – 31 December	50	
<b>(B) Life Member</b>		
<input type="checkbox"/> Life Membership (if your age is below 50 years old)	700	
<input type="checkbox"/> Life Membership (if your age is above 50 years old)	500	
SPECIALTY SECTION (You may apply for more than one specialty)		
<b>Application for sub-specialty section</b>	<b>Fee in USD (one-time fee)</b>	<b>Total in USD</b>
<input type="checkbox"/> Hip <input type="checkbox"/> Infection <input type="checkbox"/> Knee <input type="checkbox"/> Paeds Ortho <input type="checkbox"/> Spine <input type="checkbox"/> Sports <input type="checkbox"/> Trauma	50 for <b>EACH</b> section	

### PAYMENT MODE

**TOTAL AMOUNT**

Bankdraft — payable to: “Asia Pacific Orthopaedic Association”.  
(please make sure the bankdraft can be drawn in Singapore)

Credit Card (subject to 4% administrative fee)  Visa  Mastercard  American Express

Credit Card Number \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Amount in USD \_\_\_\_\_

CVV number (last 3 digit) \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

#### \*Description of Membership Category

Fellow: A fully trained orthopaedic surgeon in active practice and who is a member of the recognized organisation of a country which has a Chapter

Senior Fellow: A fellow who has retired from active practice.

Associate Fellow: A fully trained orthopaedic surgeon in active practice and who is a member of the recognised organisation in a country without a Chapter

Affiliate Fellow: A fully trained, accredited, non-orthopaedic medical specialist in active practice

Trainee Fellow: A medical practitioner undergoing structured training in orthopaedic surgery

Please complete and return the form via fax or email to the Secretariat

Or visit [www.apoa-home.org](http://www.apoa-home.org) to apply for membership online