



## ASIA PACIFIC ORTHOPAEDIC ASSOCIATION

APOA Secretariat, c/o 17 Jalan Mesin #04-01 Lee Hwa Industrial Building, Singapore 368816  
Tel: (65) 6339 8687 Fax: (65) 6339 9536 Email: sec@apoa-home.org

### MEMBERSHIP RENEWAL FORM

Name (full name) .....

Email .....

Contact Tel no: Country code ..... Area code ..... No .....

**CATEGORY OF MEMBERSHIP:** Our record shows that you are a **FELLOW** of APOA

#### SUBSCRIPTION OUTSTANDING

Annual Subscription for <u>ALL</u> Categories	Fee in USD	Total in USD
Annual Subscription for Year <b>2008</b>	50	100
Annual Subscription for Year <b>2009</b>	50	

*You can choose to join as an APOA Life Member rather than paying annually*

Life Member	Fee in USD	Total in USD
<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:** (DO NOT apply for the same section again. You may apply for more than one subspecialty section)

Application for new sub-specialty section	Fee in USD (one time fee)	Total in USD
<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	

<b>TOTAL AMOUNT</b>	
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#### PAYMENT MODE

[ ] Bankdraft — payable to: “Asia Pacific Orthopaedic Association”. (please ensure 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 \_\_\_\_\_

Expiry Date \_\_\_\_\_

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

Please complete and return the for via fax or email to the Secretariat .

Or visit [www.apoa-home.org](http://www.apoa-home.org) to pay your dues online