



# ASIA PACIFIC ORTHOPAEDIC ASSOCIATION

Email: admin@apoaonline.com Website: www.apoaonline.com

## MEMBERSHIP APPLICATION FORM

A: 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:	Date of Birth: (Date / Month / Year)
Mailing Address: (Please note that your journals and any future correspondence will be sent to this address)		
State:	Country:	Postal Code:
Contact Number:	Mobile Number: (Optional)	Facsimile Number:
Email Address: (Compulsory) * Will be login username	Name of National Orthopaedic Association:	
Institution:		
Is this your first time applying to be an APOA Member? : <input type="checkbox"/> Yes <input type="checkbox"/> No (Existing Member)		
B: CATEGORY OF MEMBERSHIP (*see below for description of categories)		
<input type="checkbox"/> Fellow <input type="checkbox"/> Senior Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/> Affiliate Fellow <input type="checkbox"/> Trainee Fellow		
<b>*Description of Membership Category</b>		
<i>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.</i>		
<i>Senior Fellow: A fellow who has retired from active practice.</i>		
<i>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.</i>		
<i>Affiliate Fellow: A fully trained, accredited, non-orthopaedic medical specialist in active practice.</i>		
<i>Trainee Fellow: A medical practitioner undergoing structured training in orthopaedic surgery.</i>		
C: TYPE OF SUBSCRIPTION (Please select either A or B and tick accordingly)		
<b>(A) Annual Subscription for ALL Categories</b>	<b>Fee Per Year (USD)</b>	<b>Total (USD)</b>
<input type="checkbox"/> 1 January 2015 – 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	
	SUBTOTAL	
SUB-SPECIALTY SECTION (You may apply for more than one sub-specialty)		
<b>Application for sub-specialty section</b>	<b>Fee in USD (One-Time Fee)</b>	<b>Total (USD)</b>
<input type="checkbox"/> Hip <input type="checkbox"/> Infection <input type="checkbox"/> Knee <input type="checkbox"/> Paediatric Orthopaedics <input type="checkbox"/> Spine <input type="checkbox"/> Sports <input type="checkbox"/> Trauma	50 for EACH section	
	SUBTOTAL	
	<b>GRAND TOTAL (USD)</b>	
E: ATTACHMENTS		
<b>Please attach the following documents: (Compulsory for first time APOA Membership application)</b>		
(A) Certificate of Membership of National Association		
(B) Completion of Training Certificate		
(C) Proposer & Seconder (Must be the APOA Members in benefit)		
(i) Proposer Name: _____		(ii) Seconder Name: _____
Email Address: _____		Email Address: _____