



**ASIAN SOCIETY OF TRANSPLANTATION**  
**MEMBERSHIP APPLICATION FORM**  
(please print or type)

NAME \_\_\_\_\_  
(First name) (Middle name) (Family Name)

PROFESSIONAL QUALIFICATIONS: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

TEL NO.: ( ) \_\_\_\_\_ FAX NO.: ( ) \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

AREA(S) OF INTEREST:  Clinical  Experimental  Transplant Immunology  
[Please  $\checkmark$  appropriate box(es)]  Solid organ (please specify \_\_\_\_\_)  Bone marrow  
 Others (please specify \_\_\_\_\_)

I WISH TO BECOME A  PERMANENT MEMBER (US\$200)  
 MEMBER FOR 3 YEARS (US\$60)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Day/ Month/ Year)

**IMPORTANT NOTE ON PAYMENT OF MEMBERSHIP SUBSCRIPTION:**

1. Please send:

- the **ORIGINAL** application form to the current *Hon. Secretary*:

Dr A VATHSALA, c/o Transplant Resource Room, C28 Block 4 Level 2, Singapore General Hospital, Outram Road, Singapore 169608. Tel No. (65) 6326 6049 Fax No. (65) 6220 2308.

- a **COPY of the application form and a COPY of proof of payment** to the current *Hon. Treasurer*:

Prof TM Chan, c/o University Department of Medicine, Queen Mary Hospital, Pokfulam Road, Hong Kong SAR. E-mail cbyso@hkucc.hku.hk Fax No.: (852) 2872 5828.

2. Payment to be made by **TELEGRAPHIC TRANSFER (T.T.)** to the following:

Account Name: **Asian Society of Transplantation**

Account No: **262-240369-668**

Bank Name: **Hang Seng Bank (Head Office, Hong Kong)**

*Please note that all related bank charges or commissions are to be borne by the Applicant and not to be deducted from the membership fee payable to AST.*