

**MEMBERSHIP FORM**

**ASIA PACIFIC ASSOCIATION FOR DIABETIC LIMB PROBLEMS**

- 1. Name of Applicant: \_\_\_\_\_
- 2. NRIC No/Passport No: \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_
- 4. Sex: Male/Female                      5. Martial Status:                      Single/Married
- 6. Race: \_\_\_\_\_                      7. Religion: \_\_\_\_\_
- 7. Home Address: \_\_\_\_\_  
\_\_\_\_\_
- 9. Home Tel: \_\_\_\_\_
- 10. Mobile Number: \_\_\_\_\_
- 11. Fax: \_\_\_\_\_
- 12. Designation in Institution: \_\_\_\_\_
- 13. Name of Institution: \_\_\_\_\_
- 14. Address of Institution: \_\_\_\_\_  
\_\_\_\_\_
- 15. Office Tel: \_\_\_\_\_
- 16. Office Fax: \_\_\_\_\_
- 17. Email Address: \_\_\_\_\_

I, \_\_\_\_\_ would like to apply to be an Ordinary Member/Corporate Member of the above named association. Enclosed is my registration fee of USD\$ \_\_\_\_\_.

I declare that all particulars entered by me are true.

\*USD100.00 for Life membership (No renewal required)

\_\_\_\_\_  
Name    Signature    Date