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APPLICATION FOR MEMBERSHIP

A: FULL NAME

ID/PASPORT NO:

B: HOME ADDRESS

DATE AND PLACE OF BIRTH

C: NAME AND PRACTISING ADDRESS

D: OFFICE PHONE

F: E-MAILS

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E: MOBILE PHONE

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G: PROFESSIONAL QUALIFICATION

G1: MEDICAL DEGREE
(Univ)

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YEAR _____

G2: POSTGRADUATES
(Univ)

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YEAR _____

G3: SPINE TRAINING

ENDOSCOPIC
TRAINING



REFEREES(2)

- 1) _____
- 2) _____

I hereby wish to apply to be a member of WORLD ENDOSCOPIC SPINE SOCIETY and agree to abide to its rules and regulation as stated in its bylaws. Attached is the membership fee of USD 50 or equivalent.

.....
Signature

Date:

NB:
This application is to be followed by sending CV and photograph (passport size) to secretary e mail halim@kb.usm.my.

FOR OFFICIAL USE

Please check/Tick

- Date Received: _____
- QUALIFIED APPLICANT
- Form Filled
- Fee Paid

Approval From Committee.

- Yes
- No

Date:

.....

Secretary