



Asian Federation of Sports Medicine

Affiliated to Fédération Internationale de Médecine du Sport (FIMS)



Membership Application Form

Personal Details (Mandatory)

| | | | | |
|--|--------------------------|-----------------------------------|----------|---------|
| <input checked="" type="radio"/> Prof. <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms. | | | | |
| First name | | Last name | | |
| Nationality | | Contact Number | | |
| Email address | | | | |
| Postal address | | | | |
| Zip code | | | | |
| City | | | | |
| Country | | | | |
| Membership Type* (Please click the appropriate checkbox) | <input type="checkbox"/> | Individual Membership | USD\$50 | 1 Year |
| | <input type="checkbox"/> | | USD\$180 | 4 Years |
| | <input type="checkbox"/> | Individual Life Membership | USD\$300 | (Life) |
| | <input type="checkbox"/> | Associate Membership | USD\$50 | 1 Year |
| | <input type="checkbox"/> | | USD\$180 | 4 Years |

*Your membership will be confirmed only after successful payment of membership fee.

Professional Qualification (Mandatory)

| | |
|---|--|
| Position | |
| Hospital/Practice/Institute | |
| Specialty / Subspecialty (e.g. Orthopaedics : Knee) | |
| Area of Interest | |

Educational Details (Optional)

| | |
|------------------------|--|
| M.D./Ph.D./Where, when | |
| University Degree | |
| Training Received | |

Signature: _____ **Date:** _____

Important Note: Please send the completed form to afsm.membership@gmail.com . Applicants without the above-stated qualification may become our member subject to the approval of the Executive Committee. Please contact the administrative office should you have any question.