



## APPLICATION FORM FOR LIFE MEMBERSHIP

### ASIA-PACIFIC ASSOCIATION OF SURGICAL TISSUE BANKING (APASTB)

<b>NAME (Prof/Dr/Mr/Ms) Please underline your surname</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>  M / F
<b>ADDRESS</b>		
<b>TEL</b>  <b>MOBILE</b>	<b>FAX</b>	<b>E-MAIL</b>

#### PROFESSIONAL & POSTGRADUATE EDUCATION

College/University	Year Graduated	Certificate/Degree	Subject/Field

I enclosed herewith the Life Membership fee of USD 150.

<b>Place &amp; Date</b>	<b>Signature</b>
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Note:

Payment of registration fee is either by cash or bank transfer payable to:

Bank Islam Malaysia Bhd., No. 2&4, Jalan 6C/7, Bandar Baru Bangi, 43650 Selangor, Malaysia.

Account Name: "DR NORIMAH YUSOF/DR HASIM MOHAMAD",

Account No.: 12 029 01 0023946

Please email the complete form and payment slip to

**Secretary General: Ms Cynthia DLima (cynthiadlima@rediffmail.com)**

**Honorary Treasurer: A/Prof Dr Azura Mansor (azuramansor@gmail.com)**

**Received by:**

**Date:**

**Membership No.:**