



Association of Thoracic and Cardiovascular Surgeons of Asia

Secretariat: Mt. Elizabeth Medical Centre, 3 Mt. Elizabeth, Suite 17-18, Singapore 228510
Tel: (65) 732 9693 Fax: (65) 235 1676

MEMBERSHIP APPLICATION

Name.....Country.....
(Please print and underline surname)

Present Position.....Date of Birth.....

Office Address.....

Tel.....Mobile.....Fax.....Email.....

Home Address.....

1. Education

Degree	Year	Institution	Speciality
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2. Certification

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3. Previous Position

Year	Institution	Position Held	Main Field of Responsibility
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4. Professional Association Memberships

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I wish to apply for membership to the Association of Thoracic and Cardiovascular Surgeons of Asia.

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(Signature)