



Asian Federation of Sports Medicine

Affiliated to Fédération Internationale de Médecine du Sport (FIMS)



Membership Application Form

Personal Details (Mandatory)

<input type="radio"/> Prof. <input type="radio"/> Dr. <input type="radio"/> Mr. <input checked="" type="radio"/> Ms.					
Last name		First name			
Nationality		Contact Number			
Email address					
Postal address					
Zip code					
City					
Country					
Membership Applying For (Please put a "X" in the box)		Individual Membership	USD\$30	1 Year	
				USD\$100	4 years
			Individual Life Membership	USD\$300	
			Associate Membership	USD\$30	1 Year
				USD\$100	4 years

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:** _____

Note: Please send the completed form to afsm.membership@gmail.com. Your membership will be confirmed only after successful payment of membership fee. Applicants without the above-stated qualification may become our members subject to the approval of the Executive Committee. Please contact the administrative offices should you have any question.