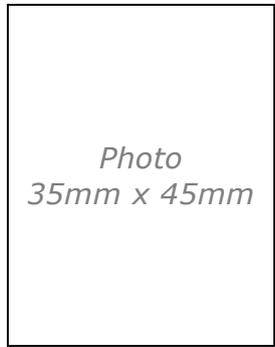




Asian Pacific Federation  
of Societies for  
Reconstructive Microsurgery



### Application for Membership

Please check which category you are applying for :

Associate

Candidate\*

\* 2(two) sponsors are required for Candidate application.  
The sponsors must be active members of the Federation.

Name \_\_\_\_\_ Citizenship \_\_\_\_\_

Gender  Male  Female Birthday \_\_\_\_\_  
*DD/MM/YYYY*

#### Contact Information

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference	
Delegate Name ( <i>Print or Type</i> )	Signature and Date

Sponsor 1	Sponsor 2
Sponsor Name ( <i>Print or Type</i> ) Signature and Date	Sponsor Name ( <i>Print or Type</i> ) Signature and Date