



MEMBERSHIP APPLICATION FORM

Name (please underline surname): _____

I/C No: _____

Address (Home): _____

Country _____ Postal Code _____

Address (Office) _____

Country _____ Postal Code _____

Institution _____ Telephone _____

Email Address _____ Facsimile _____

Profession / Specialty _____

Qualifications _____

Present designation/position _____

Membership of National Dermatological Society/Association: _____

CATEGORY OF MEMBERSHIP

Ordinary Member

Associate Member

Charter Member

Fellow

PAYMENT OF FEES

Entrance Fees, Subscriptions and Other Dues

Entrance Fee: USD50

Yearly Membership: USD20

Kindly issue payment by Banker's order/Bank Draft in name of Asian Academy of Dermatology and Venereology or via incorporation into registration fees of authorized AADV/LADS events.

Signature

Date

Acknowledgement: (AADV Official Use)