|  |  |  |  |
| --- | --- | --- | --- |
| \* Types of Membership |  Life Member (USD 200) | | |
| \* Full Name  (Please underline Surname) |  | | |
| \* Title |  | | |
| \* Gender | Male  Female | | |
| \* Year of Birth |  | | |
| \* Nationality |  | | |
| \* Educational Qualifications |  | | |
| \* Mobile / Phone No. |  | | |
| \* Email |  | | |
| \* Cases of Bariatric Surgery/year |  | | |
| **Institution Information** | | | |
| \* Name of Institution / Department |  | | |
| \* Institution Address |  | | |
| \* City |  | | |
| \* Country |  | | |
| Office Tel No. |  | Postal Code |  |

Fields marked with an asterisk \* are required.

**METHOD OF PAYMENT:**

**PAYMENT BY CHEQUE / BANK DRAFT**

Please make your cheque / bank draft in favour of ***“Asia-Pacific Bariatric Surgery Society”***

**PAYMENT BY TELEGRAPHIC TRANSFER**

Please take note that ALL bank charges must be borne by the registrant. Kindly fax or emails a copy of your bank advice slips to Asia Pacific Metabolic and Bariatric Surgery Society to: FAX: (65) 6774

6077 \*\*\* Email: [apmbss.member@gmail.com](mailto:apmbss.member@gmail.com)

For **Singapore / US Dollars remittance**, please note the remittance instruction/ detail as follows:

|  |  |
| --- | --- |
| Name of Bank | OCBC |
| Name of Branch | OCBC North Branch |
| Bank Address | 65 Chulia Street, OCB Centre  Singapore 049513 |
| Bank Account Holder | Asia-Pacific Bariatric Surgery Society |
| Bank Account No | 6876 82112001 |
| Bank Code | 7339 |
| Bank Sort Code | 6876 |
| SWIFT Code | OCBCSGSG |