



## Asia Pacific Metabolic & Bariatric Surgery Society Membership Application

*Types of Membership	<input type="checkbox"/> Life Member (USD200)		
* Full Name (Please underline Surname)			
*Title			
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
*Year of Birth			
*Nationality			
* Educational Qualifications			
*Mobile/PhoneNo.			
*Email			
*Cases of Bariatric Surgery/year			
<b>Institution Information</b>			
*Name of Institution/Department			
*Institution Address			
*City			
*Country			
Office Tel No.		PostalCode	

Fields marked with an asterisk \* are required.



## Asia Pacific Metabolic & Bariatric Surgery Society Membership Application

### 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 email a copy of your bank advices slips to Asia Pacific Metabolic and Bariatric Surgery Society to: FAX:(65) 67746077

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

For **Singapore / USDollars 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	OCBC SGSG