

ASIAN PACIFIC SOCIETY OF NEPHROLOGY

MEMBERSHIP APPLICATION / RENEWAL FORM

(please **print or type**)

MEMBERSHIP ENTITLEMENTS:

1. Priority to information on activities of the Society
2. Discount at Congresses
3. Special discount on subscription to *NEPHROLOGY*

Name _____
(First name) (Middle name) (Family Name)

Professional Qualifications: _____

Institution: _____

Correspondence Address: _____

Tel No.: () _____ Fax No.: () _____

E-mail Address: _____

Previous Membership status (**circle one**): Non-Member / Existing Member

I wish to: [please check appropriate box]

Join as Life Member (US\$125)	
Join / renew as non-Life Member (US\$30 for 3 years) (Subscription for residents in Asian-Pacific countries waived till June 1, 2010)	

TOTAL: US\$

DATE: _____ SIGNATURE: _____
(Day / Month / Year)

PROCEDURES for MEMBERSHIP APPLICATION:

1. Payment of membership subscription should be made by either telegraphic transfer (T.T.) or bank draft:

- **TELEGRAPHIC TRANSFER** (T.T.) to the following bank account:

Account Name: **Asian Pacific Society of Nephrology**
Account No: **808-087852-838**
Bank Name: **The Hongkong and Shanghai Banking Corporation Limited
(Hong Kong Office)**
Swift Code: **HSBCHKHCHK**

Add US\$8 bank charges (Life membership: \$133; ordinary membership: \$38)

- **BANK DRAFT** payable to the **Asian Pacific Society of Nephrology**

Add US\$32 bank charges (Life membership: \$157; ordinary membership: \$62)

[All local, intermediate and overseas bank charges or commissions are to be borne by the Applicant and not to be deducted from the membership fee payable to APSN]

2. Please send the **ORIGINAL APPLICATION FORM** and a **COPY of proof of payment** to the *Honorary Treasurer*:
Dr S Tang, c/o University Department of Medicine, Queen Mary Hospital, Pokfulam Road, Hong Kong SAR.
E-mail: ccyo@hkucc.hku.hk Fax No.: (852) 2872 5828

3. For discounted subscription of 'Nephrology', please contact cs-membership@wiley.com for details.