



Asian Society of Cryosurgery

亚洲冷冻治疗学会

Application Form 申请表格

Name 名字		Surname 姓	
Date of Birth 出生日期		Gender 性别	男 Male      女 Female
Home Address 住家地址			
City 城市		State 州	
Zip Code 邮政编码		Country 国家	
Office Address 办公室地址			
City 城市		State 州	
Zip Code 邮政编码		Country 国家	
Telephone 联络电话			Home 住家
			Office 办公室
			Mobile 手机
Email Address 电邮地址			
Academic Degree 学位			
Year of Graduation 毕业年份			
Workplace 工作单位			
Current Position 现在职务			
Main Medical Speciality 医疗专业			

Herewith request to be admitted to be the ordinary member of the Asian Society of Cryosurgery (ASC). I also vow to comply with the statutes of ASC and to observe all its rules and regulation as well as the decisions ASC may adopt.

仅此申请成为亚洲冷冻治疗学会 ( ASC ) 成员，并履行及遵守所有学会所拟定章程与规则。

Date 日期: \_\_\_\_\_

Signature 签名: \_\_\_\_\_

I hereby attach my personal curriculum vitae along with this application form.

本人提呈申请表格的同时，亦附上个人履行以作备存之用。

Note: All personal information provided to ASC will be retained by the Society as required by laws. It will be kept private and confidential and will not be shared with any third party without your consent.

注：所有提呈予亚洲冷冻治疗学会的相关个人资料将依据法律规格加以保存，此资料将保存为保密资料。未获得当事人许可下，绝不向第三者提供。

教育经历 Education Background

进修 Post Graduate Studies

社会任职 Posts Held in Organisations

主编著作 Author  
及参与编写 & Involved in writing of the following books