

3rd Asian Society of Cryosurgery 第三届亚洲冷冻治疗学会 Application Form 申请表格

现有学会职务 Current position in ASC Society		申请职位 position applied for	
* 职务: 常务委员 Director/委员 Committee Member/青年委员 Youth Committee Member / 会员 Member/ 无 None			
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			
Current Position 现在职务			
Main Medical Speciality 医疗专业			
Year of Graduation 毕业年份			

教育经历 Education Background

进修 Post Graduate Studies

工作经历 Working Experience

学术/社会任职 Posts Held in Organization

主编著作及参与编写

Author & involved in writing of the following books

Herewith request to be admitted to be the ordinary member of the 3rd 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	
推荐人 Recommended by	新申请者需要有推荐人 For New Applicants		