



APPLICATION FOR MEMBERSHIP OF THE ASIA PACIFIC MENOPAUSE FEDERATION

I wish to become a member of the Asia Pacific Menopause Federation. If elected, I agree to be bound by the Memorandum, Articles of Association and By-laws of the Federation.

Surname: _____ First Name(s) _____

Date of Birth: _____ Sex: Male / Female

Qualifications: _____ Occupation: _____

Employer: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-mail _____

Category of membership applied for (see below):

Ordinary USD 30

Associate USD 15

Corporate USD 10,000

SIGNATURE: _____

Please attach a cheque in US Dollars made out to "The Asia Pacific Menopause Federation".
Return to: Prof CJ Haines, Hon. Treasurer, APMF, c/o Dept of Obstetrics & Gynaecology,
The Prince of Wales Hospital, Shatin, NT, Hong Kong, SAR China
(Cheque will cover membership until September 2010)

OR

Use TT and send in US Dollars to : The Hong Kong and Shanghai Banking Corporation Limited, Shop No. 138-140, 1st Floor, City One Plaza, City One, Shatin, NT, Hong Kong, SAR China

Beneficiary: "The Asia Pacific Menopause Federation"

Account number 558-303202-838

**** Mail your membership form and a copy of the TT transaction to the above address**

Membership categories:

1. Ordinary Members

Any medical practitioner, nurse, scientist or other health professional who has shown an interest in the menopause and ageing shall be eligible for ordinary membership of the Federation. Ordinary Members shall enjoy all of the privileges of the Federation.

2. Associate Members

Any person who is not qualified to be an Ordinary Member shall be eligible to become an Associate Member. Associate Members shall enjoy all of the privileges of the Federation except the power of voting and holding office.

3. Corporate Members

Any company with an interest in the menopause and ageing shall be eligible to become a Corporate Member. Corporate Members shall enjoy all of the privileges of the Federation except the power of voting and holding office.

