For Official Use: UAA Membership No.

Urological Association of Asia

Individual Membership Application Form

Membership Type ☐ Active (Member from Asian Countries) ☐ Affiliate (Member from Non-Asian Countries)

Country of Residence

Last Name

First name

Middle Name

Urological Qualification: 1 **Year** Y Y Y Y

2 **Year** Y Y Y Y

Institution

Current appointment

Mailing Address

Residence Address

Phone (with international code) **Residence**

Mobile

Fax (with international code)

Email address

Area of interest in Urology 1

2

3

National Urological Association Membership Number

Membership Type ☐ Full ☐ Associate ☐ Other (Details) _____

Signature of Applicant _____ **Date** D D M M Y Y Y Y

Endorsed by National Association
(Stamp of National Association)

Signature _____
(President / Secretary of Association)

The completed form, after endorsement, may be emailed to angie.see.b.g@sgh.com.sg OR sent as Fax to +65-6-227-3787