



THE ASIAN SOCIETY OF TRANSPLANTATION

MEMBERSHIP APPLICATION FORM

Name: _____
(First Name) (Middle Name) (Family Name)

Professional Qualifications: _____

Institution: _____

Address: _____

Tel No.: _____

E-mail address: _____

Area(s) of Interest Clinical Experimental Transplant Immunology

Please appropriate box(es) Solid organ _____
(please specify organ)

Bone Marrow Others _____
(please specify)

I wish to become a Permanent Member (US\$200)
 Member for 3 years (US\$60)
 Member for 1 year (US\$20)

Date: _____ Signature: _____

AST uphold the Declaration of Istanbul and mandates the members to abide by it.

IMPORTANT NOTE ON PAYMENT OF MEMBERSHIP FEE

1. Please send the **ORIGINAL application form** to the Secretary General Dr. S. Ali Anwar Naqvi, Sindh Institute of Urology and Transplantation (SIUT), Civil Hospital, Karachi-74200, Pakistan. Tel No. (92-21) 32730351 & 32730387 Fax No. (92-21) 99215469. Please send a **COPY of the application form and a COPY of proof of payment** to Dr. TM Chan, Treasurer, C/o. University Department of Medicine, Queen Mary Hospital, Pokfulam Road, Hong Kong SAR. Tel: (852) 2255 4542, E-mail: cbyso@hku.hk Fax No.: (852) 2816 2863.
2. Payment to be made by TELEGRAPHIC TRANSFER (TT) to the following:
 - a. Account Name: Asian Society of Transplantation
 - b. Account No.: 262-240369-668
 - c. Bank Name: Hang Seng Bank Limited (Head Office, Hong Kong)
 - d. Swift Code: HASE HKHH

Please note that all related bank charges or commissions are to be borne by the Applicant.

Secretariat: Sindh Institute of Urology and Transplantation (SIUT), Civil Hospital, Karachi-74200, Pakistan
Tel No. (92-21) 32730351 & 32730387 Fax No. (92-21) 99215469, Email: info@siut.org; anaqvi@siut.org