



Asian Society for Emergency Medicine (ASEM)

CATEGORY OF ASEM MEMBERSHIP YOU ARE APPLYING FOR (please tick)

Society Membership

Individual Membership

Honorary Membership

Corporate Membership

SOCIETY MEMBER APPLICATION FORM

Official Name of Organisation/Society : _____

Mailing Address : _____

Email Address : _____

Contact Number : _____

Fax Number : _____

1. Organisation date of establishment. Please attach a brief history _____

2. Does your society have a written charter / by-laws reflecting its missions, goals and objectives? If yes, please attach a copy in English

3. How many active members does your organization currently have? _____

4. Does your organisation have non-physician members? _____

If yes, please describe : _____

5. Does a recognised physician training program in emergency medicine exist in your country? Are such training programs available at more than one hospital or location? If yes, please attach brief training program.

6. Contact details of the individual who will represent your country if this application is accepted

Title and Name : _____

Mailing Address : _____

Email Address : _____

Phone Number : _____ Fax Number : _____

Applicant's Signature : _____ Date : _____

Charter / By-Laws of Organisation/Society enclosed Emergency Physician Training Program

History of Organisation/Society enclosed

Please return the completed Application Form, along with supporting documentation to :

Secretary,
Asian Society for Emergency Medicine
c/o : Hong Kong Society for Emergency Medicine and Surgery
Rm 809, Hong Kong Academy of Medicine Building,
Wong Chuk Hang, Hong Kong