

Asian Association of Oral and Maxillofacial Surgeons



Application for Membership and Payment Form for Annual Dues to the Asian Association of Oral and Maxillofacial Surgeons

Please be informed that payment of annual dues to the Asian Association of Oral and Maxillofacial Surgeons should be made by Credit Card. Only VISA Card and MASTER Card will be accepted. After completing this form, please send to the following address:

Please complete and return this form to: Annual Dues Section

Asian Association of Oral and Maxillofacial Surgeons

C/o International Medical Information Center (IMIC)

5th Floor, Shinanomachi Renga-kan, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-0016, Japan

Email : asianaoms@imic.or.jp

Application for Membership and Payment Form for Annual Dues to the Asian Association of Oral and Maxillofacial Surgeons

(Please Fill Out in Block Letters)

Name: _____ Date: _____

Membership Number for renewal: _____ Please enroll me as a member from the year: _____

Address: _____

_____ Zip Code: _____ Country: _____

E-mail: _____ Tel: _____ Fax: _____

Please check: Annual Dues* US\$90.00 (Japanese, Korean, and Taiwanese Members)

US\$50.00 (Members of Other Countries) US\$25.00 (Trainee)**

* The Japanese Yen equivalent of the US\$ will be charged to your Credit Card.

** In case of trainees approval of the Head of Department/Institute is required.

Period of training: from _____ to _____

Name of the Department/Institute: _____

Signature of the Head of the Department/Institute: _____

Please charge my VISA MASTERCARD (No other cards will be accepted)

Card No: - - -

Valid until: _____ Month _____ Year _____ Signature: _____

Notes:

1. The annual membership fee will be charged every year, unless notification for withdrawal is received in writing.
2. For notification of a change in address, please send this form with your address and membership number.
3. For queries/clarification please contact the Secretary General, Prof Tetsu Takahashi (tetsu@dent.tohoku.ac.jp).

(It is recommended that you make a copy of this form for your records)