



ASSOCIATION OF SURGEONS OF UGANDA

Plot 93 Kafeero Road, Mulago
Kampala Uganda
Email: info@asou.or.ug
Website: www.asou.or.ug



ASOU New Membership Form

Dear Colleague in Surgery in Uganda,

Thank you for expressing interest to become a member of the Association of Surgery of Uganda ASOU

To ensure that we have an accurate record of your information, please provide the following information. We will ensure to communicate effectively with you and to regularly send you news and information on opportunities in surgery.

Your Full Name :
Email Address :
Telephone Number :
Date of Birth :
Specialty :
Sub Specialty :
Year of Completion :

Membership Type: (Tick one)

Full Membership	Honorary Membership	Lifetime Membership	Associate Membership	Fellows Membership
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Leadership role at ASOU (if any) :
Proof of Payment (Attach doc) :
Date You Joined ASOU (Month/Year) :
Date of Registration (UMDPC) :
Registration Number (UMDPC) :
Current Facility / Place of Work :
Referee (Name, Email & Phone) :

Thank you for choosing to be a member of the Association of Surgeons of Uganda
Please fill in the form and submit it to info@asou.or.ug for validation.

