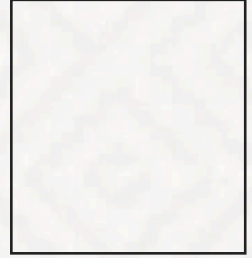




ASSOCIATION OF SURGEONS OF UGANDA

Plot 93 Kafeero Road, Mulago Kampala Uganda
Email: info@asou.or.ug
Website: www.asou.or.ug
P.O Box 142696



ASOU New Membership Form

Dear Sir/Madam

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.

CONTACT INFORMATION

Title

Full Name

Date of Birth

Email address

Home Address

Post Code

Contact number(s)

Work Address

Designation/ Job title

Specialty

Sub-specialty



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Qualifications (Name & institution)

Registration body (eg UMPDC, KMPDB, etc)

Registration number:

Date of registration

MEMBERSHIP TYPE

Full membership

Honorary Membership

Life Membership

Associate membership

LEADERSHIP ROLE WITH ASOU (if any)

For associate Members: please provide details of the course and qualification you are studying towards below;

Name of qualification

Institution of study

Current year of study

Course completion date



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REFEREES

(Name, Email, Phone number, ASOU membership number) : Give Atleast 2 who are current members of ASOU) ;

Referee 1

Name

Email

Phone number

ASOU Membership Number

Referee 2

Name

Email

Phone number

ASOU Membership Number

PROOF OF PAYMENT



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DATE OF APPLICATION

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