

APSO Society Membership Application Form

Please tick ONE of the following Membership Type:

- Sponsoring Society (Society Membership with voting right (ONE Vote). Two Council Members. USD 500 per annum Please fill in Part A, B and C)
- Affiliated Society (Society Membership with voting right (ONE Vote). One Council Member. USD 100 per annum. Please fill in Part A and C)
- Ordinary Member (Individual membership WITHOUT voting right. USD 30 for 3 years. Please fill in Part A only)

Part A. Council Member 1 - Personal information			
--	--	--	--

*First name:		*Surname/Family name	
*E-mail		*Title:	
*Date of birth: (DD/MM/YYYY)		*Gender: (M/F)	
*Professional position:			

Part B. Council Member 2 - Personal information			
--	--	--	--

*First name:		*Surname/Family name	
*E-mail		*Title:	
*Date of birth: (DD/MM/YYYY)		*Gender: (M/F)	
*Professional position:			

Part C. Society information			
------------------------------------	--	--	--

Society Name:			
Society's website UR:			
President's full name:			
President's e-mail:			
President's phone number	Country code ↓	City-area code. E.g.213-765-4321 ↓	
Is your society a Professional or a Stroke Support organization?			
How many members does your society have?			
Please advise with the term of office for the society's President (from year to year).			
Do you wish to have a link between your society website and APSO website?			

Signature and Organization Chop:

Date:
