



CHAPTER OF IASP

# The Pain Association of Singapore

c/o Globewerks International Pte Ltd  
28 Sin Ming Lane  
#05-143, Midview City,  
Singapore 573972  
Tel: 6513 7310  
Fax: 6659 8946  
[www.pain.org.sg](http://www.pain.org.sg)

**President:**

*Dr Ho Kok Yuen*

**Vice-President:**

*Dr Nicholas Chua*

**Hon Secretary:**

*Dr Ong Say Yang*

**Hon Treasurer:**

*Dr Wilson Tay*

**Council Members:**

*Dr Noreen Chan  
Dr Choo Chee Yong  
Dr Cynthia Goh  
Dr Norhisham Main  
Dr Tan Kian Hian  
Dr Claudia Tien  
Ms Yang Su Yin  
Dr Yeo Sow Nam  
Dr Jane George*

To: Treasurer / Hon Secretary, Pain Association of Singapore  
c/o Globewerks International Pte Ltd  
28 Sin Ming Lane  
#05-143, Midview City,  
Singapore 573972  
Tel 6513 7310  
Fax: 6659 8946

I would like to renew my membership \* to the Pain Association of Singapore.  
I enclose a cheque (no. \_\_\_\_\_) for \$30.

**\*Please ignore this request for membership subscription fees if you are a life member or if you have already paid the 2016 membership fees. However, please update personal particulars if your current PAS record, as listed below, is incorrect or outdated.**

Your user name and password for the PAS website Member's Section will be sent to your email address.

Please send my receipt to address listed below as in the PAS records.

Please send my receipt to my new mailing address (PAS records will be updated to this address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_S(\_\_\_\_\_)

I do not need a receipt.

Please update my contact numbers as well if the numbers in the PAS records listed below are outdated or incorrect.

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**PAS Member's Record**

Name  
Address

Telephone:  
Mobile:  
Fax:  
Email :  
Membership :  
Paid for 2016: