

CHAPTER OF IASP

The Pain Association of Singapore

c/o: Globewerks International 28 Sin Ming Lane #05-143 Midview City Singapore 573972 Tel: (65) 65137310 Fax: (65) 66598946 pas@globewerks.com

www.pain.org.sg

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

Co-opted Members:

Dr Jane George

Application Form

Please return this form to: Pain Association of Singapore Secretariat

c/o Globewerks International

28 Sin Ming Lane #05-143 Midview City Singapore 573972

Type or print in BLOCK LETTERS

Title: Mr/Mrs/Ms/Dr/Prof (Please Delete) Name:(Underline Surname) Mailing Address:			
Telephone: (O)	(H) Fax		
Pager:	Handphone:		
E-mail:			
Professional Qualifications: Present Affiliation(s)/Clinic/Designation:			
Clinical and/or research specialty and subspeciality:			
Current activities and interests in PAIN:			
Are you a member of IASP? Yes [□ No □		
Do you wish to join IASP? Yes	□ No □		
PAS Membership Subscription: \$30	0.00 per year		
Payment:	(please do not send cash by post)		
□ by cheque* S\$	Bank & cheque no:		
Signature of Applicant	Date		
	Date		
Please tick			

^{*}Please make cheque payable to "Pain Association of Singapore".