|  |  |
| --- | --- |
| **APPLICATION FOR MEMBERSHIP****ASIA PACIFIC ASSOCIATION OF MEDICAL TOXICOLOGY** | **C:\Users\User\Desktop\APAMT-Logo[1].png** |
| Family Name | : |  |
| First Name | : |  |
| Name with initials | : |  |
| Gender | : | M |  |  | F |  | Year of Birth: |  |
| Degrees/Qualifications | : |  |
| Primary position | : |  |
| Institution | : |  |
| Address | : |  |
|  |  |  |
| Country | : |  | Mail Code: |  |
| Phone/Fax | : |  |
| E-Mail | : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Areas of interest | : |  |
|  |  |  |
| Annual membership fee | : |  |

**Please refer to the APAMT website ‘MEMBER AREA’ for fees of various category.**

**You may do your payments by making a Swift transfer to,**

BKNZNZ22

Bank of New Zealand

University of Otago Branch

58, Albany Street

Dunedin

Account name : Asia Pacific Association of Medical Toxicology

Account number : 02-0908-0221989-097

**OR**

Send us a cheque in US dollars written in fovour of **Asia Pacific Association of Medical Toxicology**.

**OR**

By Paypal (Pay with Debit or Credit Card)

**When completed please return with a curriculum vitae (CV) to:**

APAMT Secretary

SACTRC, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka

Telephone : +94-812-384556 Fax : +94-814-479822

Email : apamtoffice@gmail.com

Mail Code

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | ........................................................... | Signature: | ................................................................... |