

CHAPTER OF IASP

The Pain Association of Singapore

c/o Dept of Palliative Medicine National Cancer Centre 11 Hospital Drive Singapore 169610 Tel: 63266664

Fax: 64230429 www.pain.org.sg

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Application Form

Please return this form to: Honorary Secretary

Pain Association of Singapore c/o Dept of Palliative Medicine

National Cancer Centre

11 Hospital Drive, Singapore 169610

Type or print in BLOCK LETTERS Title: Mr/Mrs/Ms/Dr/Prof (Please Delete) Name: (Underline Surname) Mailing Address: _____ Telephone: (O) _____ (H) ____ Fax ____ Mobile: _____ E-mail: _____ Qualifications (MBBS, MD, etc): Designation: Dept/ Institution : Specialty of Origin: _____ Subspecialty Interest: _____ Are you a member of IASP? Yes No PAS Membership: **SGD\$30.00** per calendar year. (Renewal in January of each year) Payment: by cash S\$ _____ (please do not send cash by post) by cheque* S\$ _____ Bank & cheque no: _____ by telegraphic transfer (*Please attach copy of remittance advice*) : Pain Association of Singapore Account Name : United Overseas Bank Tanglin Branch Bank / Branch Name : 19 Tanglin Road #01-19, Tanglin Shopping Bank Address Centre, Singapore 247909 Bank / Branch Code : 7375 / 029 Account No. : 129-301-648-3 : UOVBSGSG SWIFT Code

Date

Signature of Applicant

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