



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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Dr Ng Beng Yeong

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 _____

Pager: _____ Handphone: _____

E-mail: _____

Professional Qualifications: _____

Present Affiliation(s)/Clinic/Designation: _____

Clinical and/or research specialty and subspecialty: _____

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: \$30.00 per year

Payment: by cash S\$ _____ (please do not send cash by post)

by cheque* S\$ _____ Bank & cheque no: _____

Signature of Applicant

Date

Please tick

*Please make cheque payable to "The Pain Association of Singapore".