



Asia-Pacific Society
of Ophthalmic Plastic
and Reconstructive
Surgery

Renewal of APSOPRS Membership

APSOPRS SECRETARIAT
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I wish to renew my APSOPRS membership subscription.

Given Name	Family Name
Practice Address	
Email address	

Membership type and fee

Please check one box below to choose a membership type would you like to apply for

I wish to renew my 2-years APSOPRS Membership and pay membership fee \$100 through Paypal.

I wish to apply for APSOPRS Life Membership and pay membership fee \$500 through Paypal.

Signature: _____ Date: _____

Asia-Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS)

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