



Pan Asia Academy
of
Facial Plastic and Reconstructive Surgery

Pan Asia Academy of Facial Plastic Reconstructive Surgery (PAAFPRS)
Membership Application 亞洲地區面部整形及重建外科學會會員申請表

Name 姓名		Sex 性別		(2" Photo) (2 寸照片)
Date of Birth 出生年月		Degree 學位		
Occupation 職務		Title 職稱		
Telephone 联系电话				
E-mail 電郵地址				
Workplace 工作单位				
Contact Address 通信地址			Postal Code 邮编	
Curriculum Vitae 學歷簡介				



Pan Asia Academy
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Credit Card Authorization Form
信用卡授權書

Date: _____

Member Information (for registration receipt purpose) 會員登記及收據資料

First Name 名字: _____ Surname 姓氏: _____

Tel No 電話: _____ Office 辦公室電話: _____

(Cell) 手機號碼: _____ Email 電郵地址: _____

Address 郵寄地址 / P.O. Box 郵政信箱: _____

City 市: _____ Province 省: _____

Country 國家: _____ Postal Code 郵遞區號: _____

Credit Card Information 信用卡資料

Cardholder's Name 持卡者姓名: _____

Method of Payment 付款方式: Visa Master Card JCB

Credit Card Account # 帳戶號碼: _____

CID# (3-Digit Security # on back of Card) _____ Expiry Date 期限: ____ / ____
month 月 year 年

Membership Fee Amount 會費: US\$(美元) \$104 (including transaction charges)

Signature 持卡者簽名: _____

Completed by 填寫人姓名: _____

Please return completed form via email: contact@paafprs.org

請將填妥表格通過電郵到: contact@paafprs.org

If you have any questions, do not hesitate to contact us by email at: contact@paafprs.org

如有任何疑問, 請聯絡本會, 電郵至: contact@paafprs.org

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