

PAKISTAN ASSOCIATION OF UROLOGICAL SURGEONS (PAUS) - KARACHI CHAPTER

MEMBERSHIP FORM

In making this application, I agree that the Pakistan Association of Urological Surgeons (PAUS) - Karachi Chapter may investigate my qualifications.

I therefore, pledge myself, as a condition of membership in the PAUS, to live in strict accordance with all its principles, declarations and regulations, as presented in the Constitution of the Pakistan Association of Urological Surgeons (PAUS) - Karachi Chapter which I have read from www.pauskarachi.org.

The membership fee for the Members will be:

- Consultant Membership Fee (Assistant, Associate & Professor) Rs. 5,000/- for the first year, and annual renewal is Rs. 2,000/- per year.
- Trainee Membership Fee (Student, Intern & Resident) will be Rs. 2,000/- for the first year, and annual renewal is Rs. 1000/-

All dues are for the fiscal year 1st January – 31st December of every year.

I, _____, hereby apply for the membership in the Pakistan Association of Urological Surgeons (PAUS) - Karachi Chapter. My details are as follow:

Name: (CAPITAL LETTERS): _____

Institution Address: _____

Designation: _____ PMDC# _____

Phone : _____ Cell: _____ Email: _____

RETURN COMPLETED APPLICATION ALONGWITH THE REQUESTED MATERIAL AND BANK DRAFT OR CROSSED CHEQUE IN FAVOUR OF "PAKISTAN ASSOCIATION OF UROLOGICAL SURGEONS" TO:

Department of Surgery, Aga Khan University, Stadium Road, Karachi – 74800, Pakistan
Phone: (92 21) 486 4374

Date: _____ . Signature: _____ .