



Pakistan Arthroplasty Society

(Regd.)

Membership Registration Form

Name: _____

Home or Office Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ FAX: _____ Mobile: _____

Email: _____ Website: _____

Gender: Male Female Date of Birth: ____/____/____

ATTACH CURRICULUM VITAE, DETAILING:

- All appointments since graduation with dates, period, nature of duties and names of surgeons concerned.
- Nature of present professional practice.
- Titles and references of publications in orthopaedic surgery.

PROFESSIONAL INFORMATION:

Qualifications: _____

Brief description of current employment: _____

POA Membership #: _____ Current Status: _____ Any other Membership: _____

Specialty: Knee Hip Shoulder Elbow Ankle Hand

Percentage of annual orthopedic practice devoted to Arthroplasties _____%

Number of Arthroplasties performed in the last calendar year _____

Signature _____ Date _____

MEMBERSHIP FEE:

Consultant:

Life Time Membership: Rs 20,000

Annual Membership: Rs 5,000

ASSOCIATE MEMBERSHIP:

Resident:

Annual Membership: Rs 2,000

Pakistan Arthroplasty Society (Regd.)

Department of Orthopaedics, Building -K, 1st Floor, Liaquat National Hospital & Medical College, Stadium Road, Karachi 74800, Pakistan.

Tel: +92-21-34412640 Email: ali.queshi5501@gmail.com, pakistanarthroplastysociety@gmail.com Web: www.arthroplasty.org.pk