



MEMBERSHIP APPLICATION FORM

Please complete and send form to hongwee@globewerks.com

Accompanying Documentation

As detailed in the application rules, please attach copies of the following documents with your application. These must be received before your application will be processed.

- Your current CV (Name of Medical School you attended, date of graduation and medical license, residency training, number of years of postgraduate training, present and past professional positions, membership in professional societies)
- Certificates of Medical School completion

I would like to apply to join the membership of the ICS Singapore Section as :

- Fellow in Surgery (Enrolment : USD280 + annual subscription S\$238)
- Fellows in Anaesthesiology, Pathology and Radiology (Enrolment: US\$100 + annual subscription US\$100)
- Junior Members in Surgery (Enrolment : US\$50 + annual subscription US\$50)

We will invoice you for the fees upon review and acceptance of your membership.

Applicant's Particulars (Please print clearly)

First Name	_____
Last Name	_____
Email Address	_____
Mobile Number	_____
Organisation	_____
Date of Birth	dd-mm-yyy _____
Citizenship	_____
MCR Number	_____
Date of Certification	_____

Professional Specialty - Please select all that apply :

- | | | |
|---|---|---|
| <input type="checkbox"/> Aesthetic / Cosmetic Surgery | <input type="checkbox"/> Microsurgery | <input type="checkbox"/> Otorhinolaryngology Surgery |
| <input type="checkbox"/> Allied Interventionist | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Pathology Pediatric Surgery |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Hand Surgery | <input type="checkbox"/> Plastic & Reconstructive Surgery |
| <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Head & Neck Surgery | <input type="checkbox"/> Radiological Sciences |
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> Hepato-Biliary Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Hepato-Pancreatic Surgery | <input type="checkbox"/> Thyroid Surgery |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Laparoscopic Surgery | <input type="checkbox"/> Transplantation Surgery |
| <input type="checkbox"/> Colon & Rectal Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Trauma Surgery |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Tropical Surgery |
| <input type="checkbox"/> Dental Surgery | <input type="checkbox"/> Oncological Surgery | <input type="checkbox"/> Urological Surgery |
| <input type="checkbox"/> Endocrine Surgery | <input type="checkbox"/> Ophthalmological Surgery | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Gastroenrology | <input type="checkbox"/> Oral Maxillofacial Surgery | <input type="checkbox"/> Others : |
| | <input type="checkbox"/> Orthopedic Surgery | _____ |

References

Please list three (3) surgeons familiar with your work. References will preferably be provided by the Chair of the Surgical Department in which you work, a surgical colleague who works in your hospital or a Fellow in good standing with the ICS. All information received will be treated with the utmost regard for confidentiality.:

Reference 1

Full Name :
Country :
Email Address :
Area of Specialty :

Reference 2

Full Name :
Country :
Email Address :
Area of Specialty :

Reference 3

Full Name :
Country :
Email Address :
Area of Specialty :

Signature of Applicant :

Date :

For Official Use

Membership approval
by EXCO, ICS Singapore Section :
Date of approval :

(Updated : 1 Sep 2021)