

Asia Pacific Society for Sexual Medicine



NEW MEMBER APPLICATION FORM – APSSM MEMBERSHIP 2016

.....Prof./Dr./Mr./Mrs.
 Family Name First Name + Initials (please circle)

I would like to receive mail to my **Home-or Institute address** (please circle)

Institution Address

Home Address

<u>Institution</u>	<u>Street</u>
<u>Department</u>
<u>Street</u>
<u>City</u>	<u>City</u>
<u>Postal Code</u>	<u>Postal Code</u>
<u>Country</u>	<u>Country</u>
<u>Telephone</u>	<u>Telephone</u>
<u>Fax</u>	<u>Fax</u>
<u>Email</u>	<u>Email</u>

I am : UROLOGIST OB/GYN ANDROLOGIST PSYCHIATRIST BASIC RESEARCHER

OTHER:.....

Percentage of professional activity devoted to sexuality and impotence research

Names and email-addresses of 2(two) members of ISSM endorsing your moral and professional standard

1. 2.

Professional degree:.....

Main Publications:.....

Please attach a copy of your brief one-page CV

Your application will be reviewed by the board of the APSSM

Return this form by MAIL to: Du Geon Moon, M.D.,Ph.D., Secretary General of APSSM

Email: dgmoon@korea.ac.kr / uromoon@gmail.com

Department of Urology, Korea University Guro Hospital

#80, Guro-dong, Guro-ku, Seoul 152-703, Korea

Tel : 82-2-2626-3201 (if not available,+662-256-4515)

Fax: 82-2-2626-1321