

APPLICATION FOR MEMBERSHIP OF WORLD ASOCIATION OF LAPAROSCOPIC SURGEONS



WALS

Photograph

International Organization for promotion of Laparoscopic Surgery among Surgeons and Gynaecologists

1. APPLICANT INFORMATION

Please fill this form in Block Letters.

First Name:	
Middle Name:	
Last Name:	
Email:	
Date of Birth:	
Place of Birth:	
Which address below should WALS use as your primary contact address?	<input type="checkbox"/> Professional <input type="checkbox"/> Residential
Professional Address	
Institution:	
Department:	
Mailing Address	
City	
State or Province:	
Postal Code:	
Country	
Phone:	

Residential Address	
Residential Address 1	
Residential Address 2	
City	
State or Province	
Postal Code	
Country	
Phone:	
Fax:	

2. EDUCATION

	Institute	Degree & Date Awarded
Graduation		
Post graduation		
MAS Training		

3. MEDICAL LICENSURE

Licensed to practice medicine in which country:	Registration number
Has your medical license ever been suspended or revoked in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your privileges ever been suspended or changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. TRAINING

Was laparoscopy included in your residency or fellowship training?	
Did you receive the training from a course or program? Please indicate and specify location and date.	<input type="checkbox"/> Yes
Course and Program Instructor:	

5. SIGNATURE

<p>I authorize the World Association of Laparoscopic Surgeons to obtain information from societies, hospital staffs, members, and any other source regarding this application and my qualifications for membership, which information will be kept confidential by the Society.</p>
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Please send the completed application form to any of the nearest office of
WORLD ASSOCIATION OF LAPAROSCOPIC SURGEONS:

Mailing Address

UNITED STATES OF AMERICA 2874 West Lakeshore Dr Tallahassee Florida 32312 United State usa@wals.org.uk Alternative Email: Laparoscopy2001@yahoo.com	EUROPE 39 Brush Field Way Knaphill Woking Post Code: GU21 2TQ E-mail: uk@wals.org.uk	INDIA Laparoscopy Hospital 8/10 Tilak Nagar, New Delhi, India Tel: +91(0)11- 25155202, 42138116 E-mail: india@wals.org.uk Alternative Email: contact@laparoscopyhospital.com m Tel: +91(0)11- 25155202, 42138116
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