

Dear colleagues,

The **“ASIA PACIFIC BURN ASSOCIATION” (APBA)** is a non-profit organization. The aims of the APBA are to promote scientific, evidence based, comprehensive multidisciplinary management of Burns and encourage basic and clinical research. The society aims to create a common platform to promote mutual collaboration between different specialists and institutes involved in the treatment of Burns, foster training and education and help in the dissemination of knowledge and creation of guidelines for management of Burns.

We are seeking to establish a register of Members for the **“ASIA PACIFIC BURN ASSOCIATION” (APBA)**.

Currently there is no membership fee required. If and when the APBA international board requests a membership fee you will be informed accordingly.

The eligibility criteria for membership are (both mandatory):

- a doctor, nurse, scientist, related health care worker or individual who is interested and actively engaged in the study of, diagnosis and care of Burn patients
- a member of a national association that deals with Burns

In case you desire to be included as a life member of the Asia Pacific Burn Association and consent to its bylaws please fill in the requisite details in the attached form.

Please scan and e mail the completed form to [secretaryapba@gmail.com](mailto:secretaryapba@gmail.com)

Please note that your application may be reviewed by your country’s representative on the APBA international board and membership may be refused.

***Looking forward to having you join us in Singapore and Japan for APBA 2019 and 2021 respectively.***

Regards

*Prof. Vinita Puri*

*Secretary - Asia Pacific Burn Association*

**MEMBERSHIP APPLICATION FOR “ASIA PACIFIC BURN ASSOCIATION” (APBA)**

I, the undersigned hereby desire to become a life member of the Asia Pacific Burn Association and consent to its bylaws.

I certify that I fulfill the eligibility criteria for membership mentioned below. I am

- a doctor, nurse, scientist, related health care worker or individual who is interested and actively engaged in the study of, diagnosis and care of Burn patients / survivors
- a member of my national association that deals with Burns

**Details required:**

<b>Title</b>	
<b>First name</b>	
<b>Middle name</b>	
<b>Last name</b>	
<b>Specialty</b>	
<b>Highest academic qualification</b>	
<b>Affiliation / Institute</b>	
<b>Country</b>	
<b>Details of national association &amp; membership number</b>	
<b>Email</b>	
<b>Contact no:</b>	

Signature & date:

*Please note that your application may be reviewed by your country’s representative on the APBA international board and membership may be refused.*

**For official use: Details confirmed & Membership No allotted: Life Member**