



## CARDIOTHORACIC SOCIETY OF PAPUA NEW GUINEA

P.O Box 1696, Boroko, National Capital District  
 Phone: 72118432 Email: [info@ctspng.org](mailto:info@ctspng.org)

### Membership Application Form

		Membership No.	
Given Name		Surname	
Date of Birth		Gender	
Occupation			
Mailing Address			
Phone		Mobile	
Email Address			
Qualification	Institution	Year	

I solemnly affirm that I shall abide by the rules and regulations of the Cardiothoracic Society of Papua New Guinea and will not do anything contrary to the interest of the Cardiothoracic Society of Papua New Guinea.

Signature		Date	

#### OFFICE USE ONLY

Date Application Received			
Mode of Payment		Receipt No.	
Amount Paid			
Approved for	Life Member	Full Member	Associate Member
President Signature		Date Approved	

Account Details:

Bank	Bank of South Pacific (BSP)
Account Name:	Constitution of Cardiothoracic Society of Papua New Guinea
Account Number:	7029748261

CTSPNG