

Young APAGE Group (Y.A.G)

APPLICATION FORM

**CONTACT AND PERSONAL INFORMATION**

Name: ............................................................................................................. Last Name: .......................................................................................

Birth Date: .................................................................................. Age: ............................................................................................  Female  Male

Current Organization/Centre Of Primary Practice: .................................................................................................................................................................................................................

Phone: .............................................................................................................. Mobile: .............................................................................................

E-mail: ............................................................................................................. Fax: ...................................................................................................

Address: ............................................................................................................ Postal code: .......................................................................................

City: ...................................................................................................... Country of residence: ....................................................................................

**MEDICAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree / Certificate | Year | University / Board | Grade (GPA)  If applicable |
|  |  |  |  |
|  |  |  |  |

**EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | Number of Year(s) | Field of Work | Designation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAINING PROGRAM/FELLOWSHIPS**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Institute | Course | [certification](https://dict.longdo.com/search/certification) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MEMBERSHIP BENEFITS – Please refer to website: www.apagemit.com / Information Leaflet**

**FMIGS(APAGE-MIT) Application: submitted Accepted into programme Not Applying at this moment**

Date...........................................................................................................Signature......................................................................................................

Please submit your Application Form at [apage.membership@gmail.com](mailto:apage.membership@gmail.com)

YOUNG APAGE GROUP (YAG) Executive Committee

Address: KB2 OB/GYN, Chang Gung Memorial Hospital, No.5, Fuxing St., Guishan Dist., Taoyuan, Taiwan

Website: www.apagemit.com