MEMBERSHIP PAGE

**How to be a Member (effective January 2011)**

AOTA is open to Individual Membership from any country in Asia. Regular Membership is extended to any physician, scientist or other allied professional interested in the clinical applications, basic research, epidemiologic sciences, training and other related fields of Thyroidology (Read More on Policy on Membership & Membership Development; Read More on Listing of AOTA Member Countries).

1. If an applicant is from a country with an existing Thyroid Association (TA) or Endocrine Society (ES) he shall:
	1. Write a Letter of Membership Intent (LMI) which includes pertinent personal data (use Membership Application Form);
	2. Submit required documentation (photograph, e-mail addresses and biography or curriculum vitae);
	3. Submit endorsement from the TA or ES of his country;
2. If an applicant is from a country without TA or ES, he shall:
	1. Write a Letter of Membership Intent (LMI) which includes pertinent personal data (use Membership Application Form);
	2. Submit required documentation (photograph, e-mail addresses and biography or curriculum vitae);
	3. Submit a letter of recommendation from any active AOTA member from any country, or from its national professional society;
3. The application shall be reviewed by the AOTA Membership Committee.
4. The applicant pays the corresponding dues (US$ 4.00/year; US$ 20.00/5years).
5. Application of interested physicians and other allied health professionals from outside Asia shall be treated on a case-to-case basis and follows the steps as in (2,3,4).
6. Application for Affiliate Membership by lay people and those belonging to thyroid advocacy or support groups residing in Asia is encouraged and follows the steps as in (1,3,4 or 2,3,4 accordingly).

**ASIA & OCEANIA THYROID ASSOCIATION**

**Membership Application Form**

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| --- |
| Family Name First Name Middle Name |
| Gender (M/F) Age Date of Birth (mm/dd/yyyy) Title (MD, PhD, etc)  |
| Home Address (Street/District/City/Country) Telephone/Fax ( )( ) |
| Office Address (Street/District/City/Country) Telephone/Fax ( )( ) |
| Position/Designation |
| E-mail Address/es Cellular/Mobile ( ) |
| Membership/Position in Medical or Professional Societies |

Send this completed Form to AOTA Secretariat:

**Won Bae Kim, MD, PhD**

AOTA Secretary 2015-2020
Professor
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