

## APOA Young Ambassadorship Application Form

Affix Photograph

Name: (As in Passport)						
Date of Birth:						
Address:						
Telephone			Mobile			
E-mail:						
APOA Chapter Membership	Yes		Years:	From		
APOA Federation: Membership	Yes	Federation Member Country				
Current Attachment:						
References: (Should be APOA fellows)	1. Full Name:  Country  E-mail address:					
		2. Full Name				
		Country				
	E-mail address:					
Details of APOA Fello	owships	s attende	ed (if any; with yea	ar)		
		1				
		2				
Attachments required	<ol> <li>1. Brief Curriculum Vitae</li> <li>2. Abstract of Paper Presentation</li> <li>3. Personal Statement (&lt;500 words)</li> </ol>					
		4. Sca	nned copy of pass	sport		
Date:			Signature of App	licant:		