



THE HONG KONG PAEDIATRIC SOCIETY

Application Form for Associate Membership

The Hong Kong Paediatric Society
c/o Medcom Limited
Room 504-5, Cheung Tat Centre
18 Cheung Lee Street
Chai Wan
Hong Kong

Dear Sir,

I wish to become an Associate Member of the Hong Kong Paediatric Society, and I have read the "Memorandum of Association of HKPS". I hereby agree, if elected, to abide by the rules and regulations of the Hong Kong Paediatric Society.

FULL NAME: English _____ Chinese _____
(Surname first, block letters please)

Sex: M / F Date of Birth (optional): _____ HK ID or Passport No.: _____

ADDRESS: Home _____
_____ Tel: _____ Fax: _____
Office _____
_____ Tel: _____ Fax: _____

You prefer MAILING ADDRESS to be : Home/Office? (Please delete as appropriate)

e-mail address: _____ Do you prefer to receive news mainly by e-mail? Yes/No

Date of Application: _____

I enclose a cheque of \$550.- (being \$300 for entrance fee and \$250 for the current year membership fee), payable to the HONG KONG PAEDIATRIC SOCIETY. (Refundable if the application is unsuccessful). (Correct amount for entrance fee & current year membership fee by crossed cheque is an essential pre-requisite for application.) Successful members are assured that their data will be disclosed to outside societies only for relevant academic function and the Medical Diary. Please inform Hon. Secretary in writing if you object to receive these material.

(Applicant's Signature)

and
We declare that the above applicant is personally known to us, that the information listed above is genuine to the best of our knowledge, and that the applicant is holding a registrable qualification in the Medical Council of H.K. (if apply for ORDINARY MEMBERSHIP). We believe him/her to be a suitable person to be elected as a member of the Hong Kong Paediatric Society.

Name of Proposer: _____
(In block letters) (signature) (date)

Name of Seconder: _____
(In block letters) (signature) (date)

(OFFICIAL USE ONLY)

Passed/declined by Council: Date _____ Membership: Ordinary/ Associate
President: _____ Hon. Secretary: _____ Membership No.: _____
Fees paid (verified by Hon. Treasurer): _____ Applicant Notified: _____
