

The Hong Kong Society of Rheumatology

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President:	Dr. Yip Man Lung Ronald	Co-opt Members:	Dr. Cheung Tsang Tommy
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	Prof. Tam Lai Shan		

Application for Ordinary / Associate Membership*

***Circle the appropriate**

Ordinary members (physician/scientist) annual subscription fee HKD200

Associate members (allied health professionals) annual subscription fee HKD100

Title: Dr./Prof./Mr./Ms.* Surname: _____ Given name: _____

Mailing address: _____

E-mail: _____ Office Tel.: _____ Mobile No.: _____

Current Employment: _____ (Position) _____ (Department)

_____ (Institution)

Academic & Professional Qualification: _____ Year

Other Professional Membership: (Membership category / Name of Society)

Note:

1. Application will only be processed upon receipt of correct cheque payment.
2. Cheque should be payable to "The Hong Kong Society of Rheumatology" and sent to Unit C, 3/F, Worldwide Centre, 123 Tung Chau Street, Kowloon together with this application form.
3. Name of applicant and corresponding address should be stated clearly at the back of the cheque.
4. New membership application is only considered successful after approval by Council meeting.
5. HKSR Member has his or her own responsibility to update his or her personal information through email to info@rheumatology.org.hk whenever there is any change.
6. Your personal information provided may be used for the sole purpose of organization of scientific and related activities.

Applicant Signature: _____ Date: _____

[For staff use only] Bank: _____ Cheque no. _____ Received by: _____