



Hong Kong Association of Endocrine Surgeons

Email : hkaes2018@gmail.com

APPLICATION FOR MEMBERSHIP

I hereby apply for admission as an

- Life Ordinary (HKD 1,500) / Ordinary (HKD 300/year) -- [any registered medical practitioner in Hong Kong]
 Life Associate (HKD 500) / Associate (HKD 100/year) [scientist, student or allied health professional]

Member of the Hong Kong Association of Endocrine Surgeons.

Full name _____ (Surname) _____ (Given name)

_____ (Chinese) Title (*Prof/ Dr/ Mr/ Ms) _____ Gender _____

Corresponding Address _____

E-mail Address _____ Contact no.: _____

Current practice

- University Hospital Authority Private Practice Others _____.

I enclose a cheque (Bank : _____ no. : _____) for (\$ _____) being the membership fee.

I certify that the information provided by me in support of this application is accurate and complete. I understand that the Council of the Association shall have absolute discretion to accept or reject my application.

Date _____ Signature of Applicant _____

Please "✓" as appropriate.

* Please delete where appropriate.

I recommend this application or Membership in the Association

Proposer's full name

Proposer's Signature / Date

Seconder's full name

Seconder's Signature / Date

Note:

1. Medical practitioners registered in Hong Kong should apply for ordinary or life (ordinary) membership, and any other persons should apply for associate / life (associate) membership.
2. Completed form should be returned to Vice President, Dr Shirley YW Liu, Department of Surgery, Prince of Wales Hospital (30-32 Ngan Shing Street, Shatin, N.T. HONG KONG) with attached cheque made payable to **Hong Kong Association of Endocrine Surgeons Limited**. Successful application will be confirmed with e-mail.