

## **Membership Application Form**

English Name:	Chinese Name:
	of Garage
Sex:	Current practice:
□ Male □ Female	☐ HA ☐ University ☐ Private
Working Place:	Membership:
	□ Full member □ Associate member
	□ International
Email:	
Mobile:	Payment Method:
11 15	□ Cheque ( bank / no. )
N 4 88	□ P <mark>ay</mark> pal
<ul> <li>Full membership should be registered physician in Hong Kong.</li> </ul>	
<ul> <li>Associate membership is open to all applicants.</li> </ul>	
<ul> <li>International membership is open to all applicants in overseas</li> </ul>	
For Full and Associate members: entrance and annual fee is HK\$300 and HK\$100 respectively	
For International member: entrance and annual fee is US\$100 and US\$50 respectively	
Signature of applicant:	Date:

Notes:

1. Entrance and annual fee is waived for the year 2024-25