



## Membership Application Form

English Name:	Chinese Name:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current practice: <input type="checkbox"/> HA <input type="checkbox"/> University <input type="checkbox"/> Private
Birthday(day/month): /	Membership: <input type="checkbox"/> Full member <input type="checkbox"/> Associate member <input type="checkbox"/> International
Correspondence Address:	
Mobile number:	Fax number:
Email:	Payment Method: <input type="checkbox"/> Cheque ( bank / no. ) _____ <input type="checkbox"/> Paypal

- Full membership should be registered physician in Hong Kong.
- Associate membership is open to all applicants.
- International membership is open to all applicants in overseas

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. Online payment by Paypal
2. Cheque by mail: The cheque must be a crossed cheque made payable to “**Hong Kong Society of Transcatheter Endocardiovascular Therapeutics Limited**”, mail the cheque together with this form to **7/F, Administration Office, Yan Chai Hospital Multi-services Complex, 18 Yan Chai Street, Tsuen Wan (Attn : Ms. Wandi Lai)**.
3. Cash will not be accepted
- 4. Entrance and Annual Membership Fee is waived for the year 2020 – 21.**