



Hong Kong Society for Hand Therapy Membership Application / Renewal Form*

Name (In English): Mr/Ms/Mrs/Dr/Prof * _____
(Last Name/Surname) (First Name/Other Names)

Name (In Chinese): _____ Sex : M / F Passport / I.D. NO: _____ ()

Hospital/Institution/Office: HA Hospital University Private
 Others (please specify: _____)

Occupation : Occupational Therapist Physiotherapist
 Surgeon Prosthetist & Orthotist
 Nurse Others (please specify: _____)

Type of Membership : Life Full Member** Full Member
 Life Associate Member** Associate Member
 Honorary Member*** Student Member
 Overseas Member

Professional Qualification : _____

Office Address : _____

Correspondence Address : _____

Office Telephone No. : _____ Fax No.: _____

Mobile Phone No : _____ E-mail Address: _____

Proposer : _____ Signature: _____

Date : _____ Applicant Signature: _____

* Please delete the inappropriate

** One should be paid up Full Member in the last consecutive 4 years. After the application is approved, no more membership fee will be collected in the future

***The conferred persons are recommended by the Executive Committee

For Office Use Only

Approved by Council on : _____ Secretary / Seconder Signature : _____

Amount Paid :	Annual Membership Fee	\$150 (for March 2007 – March 2008)	<input type="checkbox"/>
	Life Full / Life Associate Membership Fee	\$1,000	<input type="checkbox"/>
	Overseas Membership Fee	US\$50	<input type="checkbox"/>
	Student Membership Fee	\$50	<input type="checkbox"/>

Total amount : \$ _____ Please put down cheque number & Banker : _____

Cheques should be made payable to “**Hong Kong Society for Hand Therapy Limited**”
Please return the application form to Secretariat: Ms. Eva Ma, Secretary, HKSHT
Occupational Therapy Department, Queen Elizabeth Hospital, 30 Gascoigne Road, Hong Kong SAR
Tel : (852) 2958 6173 Fax : (852) 2958 6719 E-mail: wlma@ha.org.hk