

# HONG KONG SOCIETY FOR SURGERY OF THE HAND

## 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

I.D. Card No. : \_\_\_\_\_ ( )

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

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

Type of Membership :  Life Full Member\*\*  Full Member  
 Life Associate Member\*\*  Associate Member

Subscription of "Hand Surgery" (Official Journal of HKSSH & APFSSH): \$400 per year

Professional Qualification : \_\_\_\_\_

Office Address : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

Office Telephone No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_

Home Telephone No. : \_\_\_\_\_ Pager 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.

### **For Office Use Only**

Approved by Council on : \_\_\_\_\_ Secretary / Seconder Signature : \_\_\_\_\_

Amount Paid : Annual Membership Fee \$150 (for July 2009 – June 2010)

Life Full/Associate Membership Fee \$1,500

Official Journal Subscription Fee \$400 per year

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

Cheques should be made payable to "HONG KONG SOCIETY FOR SURGERY OF THE HAND"

Please return the application form to Secretariat: Dr. Tse Wing-Lim, Treasurer, HKSSH

Department of Orthopaedics & Traumatology, Prince of Wales Hospital

Shatin,, Hong Kong SAR

Tel: (852) 26322901 Fax: (852) 26377889 E-mail: tse@ort.cuhk.edu.hk