

The Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition

香港兒童腸胃肝臟及營養學會

Secretariat: Dr. Dorothy Tam, Department of Paediatrics, 6/F, Clinical Science Building,
30-32 Ngan Shing Road, Shatin, NT

Telephone: 3505 2851 Fax: 2632 0020 e-mail: dorothytam0322@gmail.com

Membership Application Form

From Prof. / Dr. / Mr. / Ms. _____,

To Hon. Secretary,

The Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition (HKSPGHAN)

Dear Hon. Secretary,

Application for Membership: HKSPGHAN

I am Prof. / Dr. / Mr. / Ms. _____ applying for the Life Full / Full / Life Associate / Associate Member of the Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition. Attached is the Member Data Sheet of the Society filled.

I would / would not like to receive information from HKSPGHAN about news, lectures, seminars and conferences relating to gastroenterology, hepatology and nutrition that HKSPGHAN considers to be of interest, benefit and value to me.

Yours truly.

Signature _____

Date _____

Please send this form with a cheque payable to 'The Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition' to our Hon. Secretary at the above address. (life member HK\$1000, full member HK\$100, life associate member \$500, associate member HK\$50)

Proposer, (Name) _____ (Signature) _____

Seconder, (Name) _____ (Signature) _____

For Official Use

The application is accepted in the Council Meeting on _____ as Life Full / Full / Life Associate / Associate member.

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Member Data Sheet

The Hong Kong Society of Paediatric Gastroenterology, Hepatology and Nutrition

Name (English) _____ Chinese _____

Corresponding Address _____

I declare that I am a registered medical practitioner of the Medical Council in Hong Kong according to the Medical Register Ordinance / nurse / allied health worker / scientist with interest in Paediatric Gastroenterology, Hepatology and Nutrition. I shall read the Constitution of the Society.

Signature _____ Date _____

The following data are provided to the Society for internal use. It is optional for the member to fill in his / her data.

Sex _____ Age _____

Basic Medical Qualification _____ University _____ Year _____

Home Address _____

Working Address _____

Telephone Number (O) _____, (H) _____,

Mobile phone _____ Pager _____

Fax. Number _____ E-mail Address _____

Other Qualifications, Universities and Years of Achievement

Special Interest in Paediatric Gastroenterology, Hepatology and Nutrition

Special Interest in other specialties

Please use additional sheet if necessary.