



The Hong Kong Association of Blood Transfusion and Haematology

c/o Hong Kong Red Cross Blood Transfusion Service, 15 King's Park Rise, Kowloon, Hong Kong
Tel: (852) 2710 1231 Fax: (852) 2710 1385 <http://www.fmshk.com.hk/hkabth/>

Membership Application Form

To be filled by the Association:		
Membership no.:	Membership status:	
To be filled by applicant:		
Last Name:	Other Name:	
Sex:	Date of Birth (mm/dd/yyyy):	
Qualification:		
Specialty:		
Position held:		
Office:	Department:	
	Block/Room:	
	Institute:	
	Address:	
Tel.:	Fax:	Pager/Mobile Phone:
Email :		
Correspondence Address (if different from above):		

I certify that the above information is correct and I hereby agree that, if elected to membership, I will abide by the rules and by-laws of the Hong Kong Association of Blood Transfusion and Haematology Ltd. and I shall strive to maintain a high standard of Blood Transfusion and Haematology in Hong Kong.

§ Consent for publication of the registered name in the coming HKABTH membership directory:

- Agreed**
 Not Agreed

Signed: _____ Date: _____

The applicant should complete this form and send it together with the membership subscription fee at HK\$150 (please make cheque payable to The Hong Kong Association of Blood Transfusion and Haematology Ltd.) to:

Mr. NK Chan
c/o Laboratory, Hong Kong Red Cross Blood Transfusion Service
15 King's Park Rise, Kowloon