



The Hong Kong Gynaecological Endoscopy Society

Applicant status : New member Renewal Change of information

Name (in English) :

Name (in Chinese) :

HKID Number :

Address :

Telephone:

Fax:

Email:

Remittable Qualification(s) and Year(s) obtained :

Qualification

Year

Qualification

Year

Qualification

Year

Qualification

Year

Qualification

Year

Qualification

Year

Type of practice : Hospital Authority University Private practice Others _____

Office Address :

Telephone:

Fax:

Email:

I hereby make application for membership in The Hong Kong Gynaecological Endoscopy Society for the year 2001-2002.

For correspondence, I prefer to use my *residence/office address.

Enclosed herewith my Biannual Subscription (*Cheque should be made payable to "The Hong Kong Gynaecological Endoscopy Society"*)

Full member HK\$200.00

Associate member HK\$100.00

Subscription to Gynaecological Endoscopy 2001 HK\$500.00

(free for existing full members, limited free copies to new members)

Total subscription HK\$ _____

Signature: _____

Date: _____

Please return this application form to
Dr. Sammy Chan, Honorary Treasurer
c/o Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital,
30 Gascoigne Road, Kowloon, Hong Kong
Tel : 2958 8888 Fax : 2384 5834 Email: scschan@ha.org.hk