



The Hong Kong Gynaecological Endoscopy Society

Applicant status : <input type="checkbox"/> New member <input type="checkbox"/> Renewal <input type="checkbox"/> 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 : <input type="checkbox"/> Hospital Authority <input type="checkbox"/> University <input type="checkbox"/> Private practice <input type="checkbox"/> 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	<input type="checkbox"/>
Associate member	HK\$100.00	<input type="checkbox"/>
Subscription to Gynaecological Endoscopy 2001 (free for existing full members, limited free copies to new members)	HK\$500.00	<input type="checkbox"/>
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