



**Application for Membership**

Dear Sir,

I wish to become a Full / Associate Member of the Hong Kong Paediatric Haematology & Oncology Study Group. I hereby agree that, if elected, to abide by the rules and regulation of the said Society.

FULL NAME: English \_\_\_\_\_ Chinese \_\_\_\_\_  
(Surname first, block letters please)

Sex: \_\_\_\_\_ H.K.I.D./Passport No. \_\_\_\_\_

Qualifications: \_\_\_\_\_  
(when obtained) \_\_\_\_\_

Working experience:

Hospital	Department and Post	Date (mm/yy - mm/yy)

Office address: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Pager: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Home: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Preferred correspondence address: Office / Home

I enclose a cheque of \$\_\_\_\_\_ (\$100 for the entrance fee and \$100 for annual subscription fee for Full member; \$50 for the entrance fee and \$50 for annual subscription for associate member) payable to the "**HONG KONG PAEDIATRIC HAEMATOLOGY AND ONCOLOGY STUDY GROUP**".

Applicant Signature: \_\_\_\_\_ Date : \_\_\_\_\_

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(OFFICAL USE ONLY)

Passed/declined by Council: Date: \_\_\_\_\_ Membership: Ordinary / Associate

Chairman: \_\_\_\_\_ Hon. Secretary: \_\_\_\_\_ Membership No. : \_\_\_\_\_

Fees paid (verified by Hon. Treasurer): \_\_\_\_\_ Applicant notified \_\_\_\_\_