

### Hong Kong Society for Paediatric Rheumatology 香 港 兒 童 風 濕 病 學 會

## Membership Application Form

#### **Membership**

Open to medical practitioners and other healthcare professionals who identify with the objectives of the Society

#### **Subscription**

The present entrance fee is HK\$100.

The annual subscription fees are HK\$200 and HK\$100 for ordinary and associate members respectively. The subscription fee for ordinary life member is HK\$2,000

Ordinary Members and Ordinary Life Members	Associate Members	
<b>Ordinary Members:</b> Any medical practitioners registered with Hong Kong Medical Council who are interested in paediatric rheumatology shall be eligible. They are entitled to vote, to hold office and to take part in all the Society's functions. Application for membership shall be proposed by one and seconded by another Society member, both of whom must have voting right. All applications for ordinary membership are subject to approval by the Council.	Any persons duly proposed, seconded and passed in a council meeting for their contribution to the Society or to the study of paediatric rheumatology shall become associate members. Such members shall enjoy all the privileges of the Society except the power of voting and holding office.	
<b>Ordinary Life Members</b> : Any medical practitioners eligible for being Ordinary Members shall be at the same time eligible for being life members upon payment of the requisite fees. The application shall go through the same vetting process and members are entitled the same right and privileges as Ordinary members		

#### **Activities**

- Scientific Meetings
- Public Education
- Conference sponsorship
- Publications
- Collaboration with other academic bodies

Please fill up the application form and send together with a cheque payable to **"The Hong Kong Society for Paediatric Rheumatology"** C/O Dr Bestain KN Au, Department of Paediatrics and Adolescent Medicine, Tuen Mun Hospital. You may also pay by bank ATM at the HSBC or Hang Seng Bank or via FPS to our Hang Seng Bank Account 290-406388-001 and send the receipt to Dr Bestain Au at the above address or email to akn723@ha.org.hk





# Membership Application Form

SECTION A To be c	ompleted by the appli	cant		
Type of membership ap	plied for <sup>#</sup> : 🗆 Ordinary	y member (\$200) 🛛 Ordinary Life m	ember (\$2,000) 🗆 Associate member (\$100)	
Surname		Given Name(s)		
Name in Chinese		Title	Sex (optional)	
E-mail address		Mobile No.		
Correspondence Address				
Office Address				
		Tel. No.	Fax No.	
Academic and Professio	nal Qualifications:			
Qualification		Awarding Institute	Year Awarded	
Note: All personal data collected is held on the Society's Membership Database. It is used in the business of the society and members' names and addresses will				
only be supplied to reputable professional bodies when the Council believes that the disclosure will genuinely be of interest to the majority of members.				
The information provided by me in support of this application is accurate and complete.				
		Signature: _		
		Name (in f	ıll)	
			Date:	
SECTION B To be completed by the proposer				
I hereby propose for admission as an Ordinary/ Ordinary Life/Associate member of				
The Hong Kong Society for Paediatric Rheumatology.				
I am an Ordinary Member of the Society.				
		Signature:		
		Name (in full)	Date:	
SECTION C To be c	ompleted by the secon	ıder		
I hereby second the	e proposal that		be admitted as an Ordinary / Ordinary Life/	
Associate Member of The Hong Kong Society for Paediatric Rheumatology.				
I am an Ordinary member of the Society.				
		Signature:		
			Date:	
SECTION D For office use only				

# Please tick the appropriate option