



HONG KONG SOCIETY OF PALLIATIVE MEDICINE LIMITED

Membership Application / Renewal Form

1. PERSONAL PARTICULARS

Surname (BLOCK LETTER)	
First name (BLOCK LETTER)	
Contact phone number	
E-mail address	

2. OTHER INFORMATION (Renewal members do not need to fill unless information has changed)

Corresponding Address (BLOCK LETTER)	
Current Practice (HA-Hospital Authority; DH-Department of Health)	Please tick: <input type="checkbox"/> HA <input type="checkbox"/> DH <input type="checkbox"/> Private Practice <input type="checkbox"/> HKU <input type="checkbox"/> CUHK <input type="checkbox"/> Others
Title (Dr, Mr, Ms, Mrs, etc)	
Name of Institution	
Profession	
Type of Membership Applied for / Renewed:	<input type="checkbox"/> Full Ordinary Member (for registrable medical practitioners) <input type="checkbox"/> Full Life Member (for registrable medical practitioners) <input type="checkbox"/> Associate Member (for other health care professionals who are interested in Palliative Medicine)

I, the undersigned, is hereby applying for / renewing Full Ordinary Membership / Associate Membership / Full Life Membership (delete if inappropriate) of Hong Kong Society of Palliative Medicine Ltd.

Applicant Signature: _____ **Date:** _____

Proposer: _____ (BLOCK LETTER) **Proposer Signature:** _____
(for new application only)

FOR OFFICIAL USE ONLY

Application approved on _____ (date) for

Full Ordinary Membership (**annual fee HKD 150**) for year _____

Full Life Membership (**one off payment HKD 1,500**) since year _____

Associate Membership (**annual fee HKD 50**) for year _____

Cheque received: Bank _____ Cheque No _____ Amount in HKD _____

♥ **Please send by mail the completed application form, together with a crossed cheque (payable to "Hong Kong Society of Palliative Medicine Limited") to: Hong Kong Society of Palliative Medicine, c/o Dr. SOONG Sung Inda, Associate Consultant, Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong.**