



# 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 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 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 Membership (annual fee HKD 150) for year \_\_\_\_\_

Full Life Membership (one off payment HKD 1,500) since 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, Consultant, Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong.