

香港上消化道外科學會

HONG KONG SOCIETY OF UPPER GASTROINTESTINAL SURGEONS

MEMBERSHIP APPLICATION FORM

A. Membership Type: (Please tick as appropriate)

I would like to apply for

Ordinary Member
 Ordinary Life Member

Associate Member

* Ordinary membership is limited to qualified Hong Kong medical practitioners interested in the management of upper gastrointestinal tract diseases.

B. Personal Particulars:

Title _____ Name in full (Surname first) _____ Sex M F
Dr/Prof/Mr/Ms

Job Title _____ Specialty _____

Hospital / Institution _____ Department _____ Hospital _____

Correspondence Address _____

Tel No. _____ Fax No. _____ Email _____
(Mandatory)

C. Qualifications:

Academic Qualifications _____ Year Obtained _____

Professional Qualifications _____ Year Obtained _____

_____ Year Obtained _____

_____ Year Obtained _____

D. Experience in Upper GI Surgery:

<u>Type of Operations</u>	<u>Surgeons / Assistant</u>	<u>No. of Cases</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant _____ Date _____

Signature of Proposer[#] _____ Name in Block Letters _____

Signature of Seconder[#] _____ Name in Block Letters _____

[#] Both Proposer and Seconder must be ordinary members of Hong Kong Society of Upper Gastrointestinal Surgeons.

Registration Fee

Annual Subscription	Ordinary Member HK\$200	Associate Member HK\$100
	Ordinary Life Member HK\$2000	

Completed application form together with cheque made payable to "Hong Kong Society of Upper Gastrointestinal Surgeons Limited" should be sent to Dr Frances Ka Yin Cheung, Department of Surgery, 2/F, Main Block, Pamela Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong.

For Office Use

Admitted as _____ Date of Admission: _____