

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 P.O. Box 3755, General Post Office, Hong Kong.

For Office Use

Admitted as _____ Date of Admission: _____