THE HONG KONG SOCIETY OF HAEMATOLOGY

Application for Membership

Please return this form to :

Ms. Peggy Chiu
Secretary, The Hong Kong Society of Haematology
c/o Department of Medicine, Queen Mary Hospital, Pokfulam, Hong Kong.
Tel: (852) 22553975 Fax: (852) 28726896 Email: secretariat@hksh.org

Type of membership applied for : Full / Associate

Title : Prof. / Dr. / Mr. / Ms. / Others _____

Name : _____

Office Address : _____

Tel : _____ Fax : _____ Email address : _____

Home Address : _____

_____

Tel : _____ Mobile : _____ Pager : _____

Academic & Professional Qualifications

Qualification & Granting Institute	Date Obtained

Employment

Post / Institute	From	To

Membership of Professional & Scientific Societies

Membership Category	Name of Society	Date admitted

Publications (please use separate sheet if necessary)

Name of two FULL members who can act as referees :
Name : _____
Name : _____

For official use only
Date received :
Approved / rejected :

CME Accreditation to be claimed

HKC Physicians : Member / Fellow
HKC Pathology : Member / Fellow
HKC Paediatrics : Member / Fellow
Others : _____