Hong Kong Endoscopic Ultrasonography Society
香港內鏡超聲學會
17/F, Leighton Centre, 77 Leighton Road, Causeway Bay, Hong Kong

APPLICATION FOR MEMBERSHIP

Application for

- ❑ ordinary member (medical degree required) (Annual Fee: HK$300)
- ❑ ordinary life member (HK$1,500)
- ❑ associate member (Annual Fee: HK$200)
- ❑ associate life member (HK$1,000)

Title _____ **Name** _____ **(English)** _____**(Chinese)**
Dr / Prof / Mr / Ms Surname Other Names

Sex _____ **Date of Birth** _____
M/F **(YEAR)**

Correspondence Address

_____

Tel No. _____ **Mobile / Pager** _____

Fax No. _____ **E-mail** _____

Job Title _____ **Department** _____

Place of Work _____ *(Hospital / Ward)*

Professional Qualifications _____ **Year Obtained** _____

_____ _____

Signature of Applicant _____ **Date** _____

All application shall be signed by the **proposer who is a **Council member** and **seconder** who is either a **Council member or Ordinary member** of the Society*

Proposer _____ _____
Signature Name in Block Letters

Seconder _____ _____
Signature Name in Block Letters

Please send a crossed cheque payable to "Hong Kong Endoscopic Ultrasonography Society Limited" together with this completed application form to :

Dr. Dennis Ng Chung Kei
Honorary Secretary
Hong Kong Endoscopic Ultrasonography Society
17/F, Leighton Centre, 77 Leighton Road, Causeway Bay, Hong Kong
Email: secretariathkeus@gmail.com