# **APPLICATION FOR MEMBERSHIP – \*New / Renewal**

This form should be completed and returned together with the correct payment to

**“Hong Kong Obesity Society Limited”**

**Secretariat office：Unit 3C, Worldwide Centre, 123 Tung Chau Street, KLN**

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| Name (Surname first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 中文姓名: \_\_\_\_\_\_\_\_\_\_\_ Sex: \*M / F | | | | | | | | | |
| Mailing Address: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Profession: | | □ Doctor | | | | □ \*Medicine / Surgery (Subspecialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  □ Others: \_\_\_\_\_\_\_\_\_\_ (Subspecialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
|  | | □ Nurse □ Dietitian □ Physiotherapist □ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Practice: | | □ Public □ Private | | | | | Department \_\_\_\_\_\_\_\_\_\_\_ Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | | | |  | | |
| **Membership:** | | | I wish to \* apply / transfer to be \*a/an | | | | | * Ordinary member * Associate member * Student member | |
| Note: | 1. **For new membership, application will only be processed with the correct payment.** 2. Crossed cheques should be payable to “Hong Kong Obesity Society Limited” and sent to Unit C, 3/F, Worldwide Centre, 123 Tung Chau Street, Kowloon together with this application form. 3. Application fee – (Ordinary Member) HK$800; (Associate member) HK$300 / year; (Student member) HK$100/year. 4. An associate member can change status to an ordinary member upon payment of the annual subscription fee for 3 consecutive years. 5. Receipt will be issued to successful applicants after the next council meeting. 6. Your name & address may be used for the sole purpose of organization of scientific and related activities. | | | | | | | | |
| **Applicant Signature:** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Date** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

[For staff use only] Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorsed by Council: Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_