# **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
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| 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.
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| **Applicant Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

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