# **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 | | | | | * Full member * Associate member * Student member * Overseas 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 – (Full Member) HK$800; (Associate member) HK$300 / year; (Student member) HK$100/year; (Overseas member) US$50/year. 4. Associate members may apply in writing to become full members after at least 3 consecutive years of membership immediately prior to their application. 5. In compliance with the World Obesity Federation requirement, full membership status will be renewed every 5 years (for free) upon receipt of your confirmation of your updated correspondence and active role in the field of obesity. 6. Receipt will be issued to successful applicants after the next council meeting. 7. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_