



APPLICATION FOR MEMBERSHIP – *New / Renewal

This form should be completed and returned by mail or email.

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

Email: info@hkobesity.com

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. Application fee – (Ordinary Member) HK\$800; (Associate member) HK\$300/year; (Student member) HK\$100/year.
 3. Please settle the Application Fee by the following method:
 - Bank Transfer (Details will be sent to successful applicants)
 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: _____