



**THE HONG KONG SOCIETY OF PAEDIATRIC CARDIOLOGY LTD**

**Application Form for Membership**

Dear Sir / Madam,

I wish to become a  **General Member (Doctors)** /  **Associate Member (Other Health Professionals)** of the Hong Kong Society of Paediatric Cardiology Ltd.

Name: English \_\_\_\_\_ Chinese \_\_\_\_\_  
Sex: \_\_\_\_\_ M / F \_\_\_\_\_

Profession:  Doctor  Nurse  Other \_\_\_\_\_  
Hospital / Clinic Affiliations \_\_\_\_\_  
Specialty / Subspecialty / Interest (optional): \_\_\_\_\_

**Contacts**  
E-mail Address \_\_\_\_\_ (please write clearly)  
Phone Number \_\_\_\_\_  
Correspondence Address \_\_\_\_\_

I enclose a cheque of  **\$200 (General Member)** /  **\$100 (Associate Member)** made payable to:

HONG KONG SOCIETY OF PAEDIATRIC CARDIOLOGY LTD

Please send application form and cheque, with applicant's name and e-mail address written on the back of the cheque, to the Hon. Treasurer – address can be found on our website:

<http://paedcardiology-hk.org/contact.php>

Unsuccessful applications will be fully refunded. Receipts and all other news will be sent via e-mail. Members are assured that their personal data and contact information will not be disclosed except for relevant academic functions that are arranged by HKSPC either solely or in collaboration with other organizations. Please inform the Hon. Secretary in writing if you object to this.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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(OFFICE USE ONLY)

Passed/declined by Council: Date \_\_\_\_\_ Membership: General / Associate

President: \_\_\_\_\_ Hon. Secretary: \_\_\_\_\_ Membership No: \_\_\_\_\_

Fees paid (verified by Hon. Treasurer): \_\_\_\_\_ Applicant Notified: \_\_\_\_\_