



HONG KONG SURGICAL LASER ASSOCIATION

c/o The Federation of Medical Societies of Hong Kong

4/F, Duke of Windsor Social Service Building

15 Hennessy Road, Wanchai, Hong Kong

Tel: 2527 8898 Fax: 2865 0345

www.hkslaser.com

Application for Membership

To: The Honorary Secretary,

I desire to become a member of the Hong Kong Surgical Laser Association, and I hereby agree, if elected to become a member of the said Association and to be bound by the memorandum and article of Association and bylaws of the Association.

Surname (*) : _____ Name in Chinese (*) : _____

First Name (*) : _____ HKID No (*) : _____ XXX(X) Sex (*) : _____

Date of Birth : _____ Residential Tel : _____

Residential Address : _____

Qualifications (*) : _____ Year (*) : _____

Date of Hong Kong Registration as Doctor / Dentist (*) : _____

State Full or Provisional Registration

Type of Practice (*):

In General Practice []

In Specialist practice []

Private Practice []

University []

Retired []

Others []

Specialty : _____

Department of Health []

Hospital Authority []

Please specify : _____

Mailing Address (*) : _____

Contact Tel (*) : _____ Fax : _____

Email (*) : _____ Mobile (*) : _____

Signature of Applicant (*)

The above named candidate is personally known to us, and we believe him/her to be a suitable person to be elected as a member of the Hong Kong Surgical Laser Association

Name of Proposer : _____ Signature of Proposer : _____

Name of Seconder : _____ Signature of Seconder : _____

[] Enclosed cheque of HKD\$500 payable to "HONG KONG SURGICAL LASER ASSOCIATION" for ENTRANCE FEE

FOR OFFICAL USE ONLY

Passed by the Council on this _____ day of _____

20 _____

As an ORDINARY Member []

HONORARY Member []

Association Membership No: _____

Honorary Secretary : _____

President : _____

Please fill in all items (*) in Block letters