



# THE HONG KONG SOCIETY FOR SURGERY OF THE HAND MEMBERSHIP APPLICATION / RENEWAL / INFO UPDATE FORM\*

New Application       Renew Membership       Info Update

Name (In English): Mr/Ms/Mrs/Dr/Prof \* \_\_\_\_\_  
(Last Name/Surname) (First Name/Other Names)

Name (In Chinese) : \_\_\_\_\_ Sex :  M /  F

I.D. Card No. : \_\_\_\_\_ (first/two letter with 4-digit)

Hospital/Institution/Office:  HA Hospital     University     Private  
 Others (please specify: \_\_\_\_\_)

Occupation :  Surgeon       Occupational Therapist  
 Physiotherapist     Prosthetist & Orthotist  
 Nurse       Others (please specify: \_\_\_\_\_)

Type of Membership :  Life Full Member\*\*       Full Member  
 Life Associate Member\*\*     Associate Member

Professional Qualification : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

Office Telephone No. : \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Proposer : \_\_\_\_\_ Signature: \_\_\_\_\_

Date : \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

\* Please delete as appropriate

\*\* Eligible to members who have had 4 continuous years of full membership immediately prior to election as Life Member.  
After the application is approved, no more membership fee will be collected in the future.

**For Office Use Only**

**Membership no.:** \_\_\_\_\_

Approved by Council on : \_\_\_\_\_ Secretary / Seconder Signature : \_\_\_\_\_

Amount Paid :    Biennial Membership Fee      \$300 (for 1 Jan 2023 – 31 Dec, 2024)

Life Full/Associate Membership Fee    \$1,500

Total amount : \$ \_\_\_\_\_ Please put down cheque number & Banker : \_\_\_\_\_

Cheques should be made payable to “**THE HONG KONG SOCIETY FOR SURGERY OF THE HAND**”  
Please return the application form to Secretariat Office: HKSSH Secretariat c/o Department of Orthopaedics &  
Traumatology, Room 504, 5<sup>th</sup> Floor, Professorial Block, Queen Mary Hospital  
102 Pokfulam Road, Hong Kong

**Tel:** (852) 2255 5228      **Fax:** (852) 2255 4392      **E-mail:** hksshsecretariat@gmail.com