



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 1 : _____ Signature: _____

Proposer 2 : _____ 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 : _____

Payments could be made with FPS (FPS ID: 109456509) or cheques (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, 5th Floor, Professorial Block, Queen Mary Hospital
102 Pokfulam Road, Hong Kong

Tel: (852) 2255 5261 Fax: (852) 2817 4392 E-mail: hksshsecretariat@gmail.com