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

Qualifications: _____

Correspondence Address　　: _____
Office Telephone No.　　　　: _____Mobile Phone No.:_____
E-mail Address　　　　　　: _____
Proposer 1:_____Proposer 2:_____

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.

Payment method:
$300 for biennial membership 2023-2024
$1500 for Life Member/Life Associate Member application

a. FPS (FPS ID: 109456509) Please remark Name, date and purpose on FPS remarks. Capture the screen and email to hksshsecretariat@gmail.com

b. Write a cheque (payable to "THE HONG KONG SOCIETY FOR SURGERY OF THE HAND") Mail it to Secretariat Office: HKSSH Secretariat c/o Department of Orthopaedics & Traumatology, Room 504, 5th Floor, Professorial Block, Queen Mary Hospital.

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 :_____