# Membership Application Form

I wish to \*apply / transfer to be \*a/an Life Member Student Member

*\* Delete as appropriate* Ordinary Member Overseas Member

Associate Member

of Hong Kong Society of Endocrinology, Metabolism and Reproduction.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title: |  | | |  | Surname: | | |  | |  | Given name: | | | |  |
| Correspondence Address: | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Tel. No**.: | |  | | | |  | Fax No.: | |  | | |  | Email: |  | |
| Signature: | | |  | | | | | | | | |  | Date: |  | |

**Academic/Professional Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insttitution:** |  | **Degree:** |  | **Date Awarded:** |
|  |  |  |  |  |
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|  |  |
| --- | --- |
| Present Position: |  |

**Relevant experience and work done in endocrinology, metabolism and reproduction:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** |  | | | | | |
| **2.** |  | | | | | |
| **3.** |  | | | | | |
| Proposer Name: | |  |  |  | Signature: |  |
| **Seconder Name:** | |  |  |  | **Signature:** |  |

Completed application form with a crossed cheque for membership fee made payable to “HKSEMR” should be sent:

By post to: *Prof. Alice Kong, Honorary Secretary, HKSEMR*

*c/o* ***RM114028, 9/F, Lui Che Woo Clinical Science Building, Prince of Wales Hospital***

Membership fees:

Life member $2000; Ordinary member HK$150/year; Associate member HK$130/year

Student member HK$30/year; Overseas member US$10/year