



Tel : (852) 6776 3350
Fax : (852) 2524 9372
Email : hkbreastsurgeons@gmail.com
Address : Rm 802, Central Building, 1-3 Pedder Street, Central, Hong Kong

Re: Refer A Member – Help Us Grow

Dear Members,

We would like to ask for your help to spread the word about Hong Kong Society of Breast Surgeons (HKSBS) to your colleagues and encourage them to join.

The society has completed its eighth year of activity since inception in 2012, led by a council made up of breast surgeons from both private and public sectors. We have continued to conduct clinical meetings in collaboration with breast centres in HA and private hospitals, on topics of current interest to breast surgeons. We have also introduced information on new technologies relevant to breast disease management through talks by overseas experts. We also conduct teaching courses and workshops on annual basis to enhance knowledge and technical skills of fellow breast surgeons. Since four years ago, we started organizing annual scientific meeting, encouraging local breast surgeons and trainees, to present their research and clinical work, for experience sharing among us, and to bring in our multidisciplinary team partners to share with us their management of patients with breast diseases and cancer.

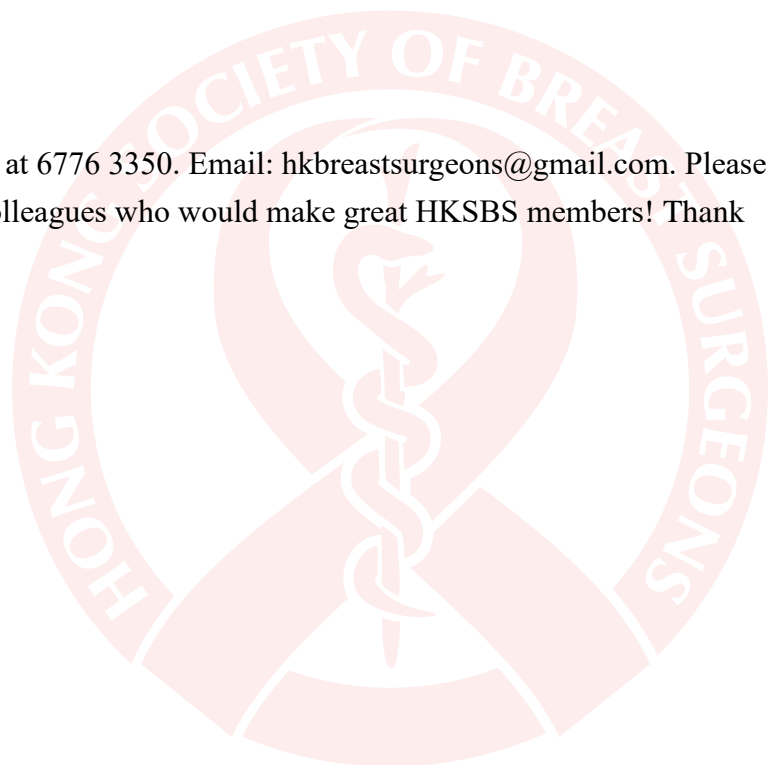
Membership will provide you with the following privileges:

- Regular update and reminder on our clinical meetings and courses
- International meeting sponsorships
- Research prize award

For enquiries, please contact the HKSBS Secretariat at 6776 3350. Email: hkbreastsurgeons@gmail.com. Please send the attached membership application to your colleagues who would make great HKSBS members! Thank you in advance for your help!

Best regards,

HKSBS Secretariat





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MEMBERSHIP APPLICATION FORM

A. Personal Particulars:

Title _____ Name in full (Surname first) _____ Sex M F
Dr/Prof/Mr/Ms

Job Title _____ Specialty _____

Hospital / Institution _____
Department Hospital

Correspondence Address _____

Tel No. _____ Fax No. _____ Email _____

B. Qualifications:

Academic Qualifications _____ Year Obtained _____

Professional Qualifications _____ Year Obtained _____

_____ Year Obtained _____

_____ Year Obtained _____

C. Experience in Breast Surgery:

Type of Operations	Surgeons / Assistant	No. of Cases per year
_____	_____	_____
_____	_____	_____

Signature of Applicant _____ Date _____

Signature of Proposer# _____ Name in Block Letters _____

Signature of Seconder# _____ Name in Block Letters _____

Both Proposer and Seconder must be ordinary members of Hong Kong Society of Breast Surgeons

Registration Fee

Annual Subscription Ordinary Member HK\$200 Associate Member HK\$100
(Doctor) (Nurse & Allied Health)

Life Subscription Ordinary Member HK\$2000 Associate Member HK\$1000
(Doctor) (Nurse & Allied Health)

Payment

■ A cheque for HK\$ _____ made payable to "Hong Kong Society of Breast Surgeons Limited" is enclosed, with recipient address as Secretariat, Hong Kong Society of Breast Surgeons Limited, c/o Room 802 Central Building, 1-3 Pedder Street, Central, Hong Kong

■ Bank transfer or deposit to Standard Chartered Bank, Account No: 368-0-090138-6. Please return this form with the remittance slip to the above address or send to us via email at hkbreastsurgeons@gmail.com or WhatsApp 6776 3350

** For enquiry please contact HKSBS Secretariat, Email: hkbreastsurgeons@gmail.com, Tel / WhatsApp : 6776 3350 Fax: 2524 9372