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Address : Rm 802, Central Building, 1-3 Pedder Street, Central, Hong Kong

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 <input type="checkbox"/>	Associate Member HK\$100 <input type="checkbox"/>
	(Doctor)	(Nurse & Allied Health)
Life Subscription	Ordinary Member HK\$2000 <input type="checkbox"/>	Associate Member HK\$1000 <input type="checkbox"/>
	(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