HONG KONG SOCIETY FOR COLOPROCTOLOGY LIMITED **APPLICATION FOR MEMBERSHIP**

- **Application for u** ordinary member (medical degree required) (Annual Fee : HK\$200) □ ordinary life member (HK\$2,000)

 - □ associate member (Annual Fee : HK\$100)
 - □ associate life member (HK\$500)

Title	Na	ime			
	Dr / Prof / Mr / Ms	Surname	Other Name	s (C	hinese Name)
Sex	Date of Birth	ID / Passport No.			
	M/F	dd / mm / yy	_		
Corre	espondence Address				
Tel N	lo	Mo	obile _		
Fax I	No	E-I	mail		
Job 1	Fitle	De	epartment		
Place of Work				(Hospital / Ward)	
Professional Qualifications				Year Obtaine	d
Signature of Applicant				Date	
Prop	oser				
	Signa	ature		Name in Block Letters	
Seco	nder				
	Signa	ature		Name in Block	Letters

Please send a crossed cheque payable to "Hong Kong Society for **Coloproctology Limited**" together with this completed application form to :

> Prof Simon Ng President Hong Kong Society for Coloproctology Department of Surgery, 4/F, Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, New Territories, Hong Kong