



THE HONG KONG PAIN SOCIETY

香港疼痛學會

www.hkpainsociety.org

Membership Application / Renewal Form

Personal Information

Name in English (as appeared on HKID card): _____ Name in Chinese: _____

Gender: Male Female

Types of Membership:

Life Regular Affiliate Corporate

Profession:

Doctor Nurse Allied Health Others: _____

Specialties / Disciplines:

Anesthesiology Clinical oncology Dental Family medicine/General Practice
 Neurology Neurosurgery Orthopaedics Palliative medicine
 Psychiatry Rehabilitation medicine Rheumatology Clinical Psychologist
 Physiotherapist Occupational Therapist Surgeon Others: _____

Current Appointment: _____

Correspondence Address: (In Block Letter)

Phone: Office: _____ Mobile: _____ Fax: _____ e-mail: _____

Relevant Professional & Academic Qualifications

Year	Award	Institution	Country

Membership Fee (Membership is renewed annually. The membership year is from 1 January to 31 December)

<input type="checkbox"/> Regular (\$300)
<input type="checkbox"/> Life (\$3000)
<input type="checkbox"/> Affiliate (\$50)
<input type="checkbox"/> Corporate (\$5,000)

Cheque No: _____ Bank of the Cheque: _____

Payments should be made with "PERSONAL CHEQUE ONLY" payable to "**The Hong Kong Pain Society Ltd.**" with your name and contact telephone number on the back of the cheque.

Send the completed form and cheque to "**Patrick Wong C.P.A. Limited, 1101, 11/F, China Insurance Group Building, 141 Des Voeux Central, Hong Kong.**"

Declaration (Only applicable for Life, Regular and Affiliate members)

1. I declare that I am a resident of Hong Kong.
2. I declare that I am qualified to practice in my healthcare discipline.
3. I declare that the above information and all substantial documents are true and correct.

Date: _____

Signature: _____