



# THE HONG KONG PAIN SOCIETY

## 香港疼痛學會

[www.hkpainsociety.org](http://www.hkpainsociety.org)

### Membership Application / Renewal Form for the year 2017

#### 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 "**Honorary Secretary, Hong Kong Pain Society, Pain Management Centre, Alice Ho Miu Ling Nethersole Hospital, Block A1, 11 Chuen On Road, Tai Po, N.T.**"

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

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_