



HONG KONG SOCIETY OF TRANSPLANTATION

香港移植學會

(Incorporated in Hong Kong with limited liability)

Application Form for Membership

Membership application **Information update** (amend change only)

Membership applied for* Full Member (require proposer and seconder)
 Associate member (require proposer only)

Affiliation* HKU CUHK HA Private Others

Title _____ Name _____
(Dr / Prof / Mr / Ms) Surname Given Name (in full) Name in Chinese

Sex _____ Date of Birth _____ (dd/mm/yy)

Place of Work _____ Job Title / Rank _____
Department Hospital / Clinic

Correspondence Address* _____

Telephone No. _____ Fax No. _____ E-mail address: _____

Academic and Professional Qualifications with Year of Award

Areas of interest in transplantation

Kidney Liver Heart Lung Other solid organs
 Cornea Bone Bone marrow Tissue typing
 Organ / Tissue procurement Other tissues _____
 Other transplant-related disciplines _____
(Please specify)

Signature of Applicant _____

Signature of Proposer _____

Date _____

Name of Proposer _____
(current full member) (in block letter)

For Office Use

Admitted as

Full Member

Associate Member

Date of Admission: _____

Signature of Seconder _____

Name of Seconder _____
(current full member) (in block letter)

Footnotes*

1. A *Full Member* must be actively involved with transplantation or organ/tissue procurement. An *Associate Member* demonstrates a keen interest in the clinical or basic science aspects of transplantation or organ/tissue procurement. Membership indicates consent by members for relevant personal information to be released for mailing and communication purposes with regard to scientific and/or social functions of this Society.
2. Full members or associate members who are under full-time employment at the principal teaching hospitals of The University of Hong Kong or The Chinese University of Hong Kong are affiliated to HKU or CUHK respectively whether they are employed by the universities or not. Members employed by the Hospital Authority outside the main university-affiliated hospitals are considered affiliated to HA.
3. Please inform the Hon. Secretary of any change of address or contact numbers.
4. The information provided will be used by the Hong Kong Society of Transplantation for sending of educational and publicity materials only.
5. Subject to exemptions under the Personal Data (Privacy) Ordinance, and in accordance with Section 18 and 22 and Principle 6 of Schedule 1 to the Ordinance, you have a right of access and correction of the personal data provided in this form.

Please forward the completed Application Form and a crossed cheque of HK\$100 (full membership) or HK\$50 (associate membership) payable to Hong Kong Society of Transplantation as the subscription fee for the first year to The Honorary Secretary, Hong Kong Society of Transplantation.