



HONG KONG SOCIETY OF TRANSPLANTATION

香港移植學會

(Incorporated in Hong Kong with limited liability)

Membership Application Proposer Form

I support (Dr / Prof / Mr /Ms) _____ to be
Name of Applicant (in full)

- Full Member
 Associate member (require proposer only)

of Hong Kong Society of Transplantation

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)