

Hong Kong Geriatrics Society – Membership application / Information update Form

A). Personal information for *membership application* or *information update*

Name											
Corresponding Address											
Current Practice (HA - Hospital Authority/ DH - Department of Health / PR - Private practice / HS - Hospital Service Department / HK - HKU / CU- CUHK / OT - Others)	“√“ one of the following : <table border="0"> <tr> <td>HA</td> <td>DH</td> <td>PR</td> <td>HS</td> <td>HK</td> </tr> <tr> <td>CU</td> <td>OT</td> <td></td> <td></td> <td></td> </tr> </table>	HA	DH	PR	HS	HK	CU	OT			
HA	DH	PR	HS	HK							
CU	OT										
Present post (e.g. MO, Cons, Prof. etc.)											
Hospital (working at)											
Department (working at)											
Home Address											
E – mail address											
Home Telephone											
Office Telephone											
Fax Number											
Basic Qualification (basic degree) and year											
Higher Qualifications and year											
Membership status to apply for or change	Please "√" either one below										
a) I am an accredited Geriatric Specialist according to the criteria of HK Academy of Medicine b) I am currently under higher specialty training in Geriatric Medicine according to HKAM c) I am a registrable medical practitioner in HK who is interested in Geriatric Medicine but the above two conditions do not apply.											
Membership: (Official Use)	Regular/Associate										
Approved by council at: (Official Use)											

*Category a (Annual fee: \$200 or Life membership \$2,000 - Regular member

Category b&c (Annual fee: \$100) - Associate member (No voting right nor right to be elected as council member)

For new application of membership, one has to be proposed by a **Regular Member of the Society:

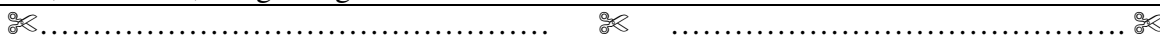
Name of Proposer: _____ (Signature: _____)

B). I have the following publication/presentation of local studies / surveys in Geriatrics:

Title (Summary can be sent separately)	Journal index/ Name of meeting or seminar & dates

Please send this form to the following:

Dr. Kong Ming Hei Honorary Secretary, c/o Department of Medicine, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road ,Chai Wan ,Hong Kong
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C). **Annual / Life membership fee**

Please send a cheque payable to "The Hong Kong Geriatrics Society"

(Regular member: \$ 200 – 1yr; Life member \$2,000; Associate member: \$ 100 – 1 yr)

**Please tick if you want a receipt & your address: _____

Name : _____ Signature: _____ Date : _____

E-mail address: _____

Please send to: **Dr. TM Shea, Honorary Treasurer, The Hong Kong Geriatrics Society, Rm 902, Crawford House, , 70Queen’s Road Central HK**