



## Membership Application Form

#### **Membership**

Open to medical practitioners and other healthcare professionals who identify with the objectives of the Society

#### **Subscription**

The present entrance fee is HK\$100.

The annual subscription fees are HK\$200 and HK\$100 for ordinary and associate members respectively.

The subscription fee for ordinary life member is HK\$2,000

Ordinary Members and Ordinary Life Members	Associate Members		
Ordinary Members: Any medical practitioners registered with Hong Kong Medical Council who are interested in paediatric rheumatology shall be eligible. They are entitled to vote, to hold office and to take part in all the Society's functions. Application for membership shall be proposed by one and seconded by another Society member, both of whom must have voting right. All applications for ordinary membership are subject to approval by the Council.	Any persons duly proposed, seconded and passed in a council meeting for their contribution to the Society or to the study of paediatric rheumatology shall become associate members. Such members shall enjoy all the privileges of the Society except the power of voting and holding office.		
Ordinary Life Members: Any medical practitioners eligible for being Ordinary Members shall be at the same time eligible for being life members upon payment of the requisite fees. The application shall go through the same vetting process and members are entitled the same right and privileges as Ordinary members			

#### **Activities**

- Scientific Meetings
- Public Education
- Conference sponsorship
- Publications
- Collaboration with other academic bodies

Please fill up the application form and send together with a cheque payable to "The Hong Kong Society for Paediatric Rheumatology" C/O Dr Roanna Yeung, Department of Paediatrics and Adolescent Medicine, Queen Elizabeth Hospital, Kowloon.

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### Hong Kong Society for Paediatric Rheumatology 香 港 兒 童 風 濕 病 學 會

# Membership Application Form

SECTION A To be completed by the applicant							
Type of membership applied for <sup>#</sup> : □ Ordinary member (\$200) □ Ordinary Life member (\$2,000) □ Associate member (\$100)							
Surname		Given Name(s)					
Name in Chinese		Title		Sex (optional)			
E-mail address		Mobile No.					
Correspondence Address							
Office Address							
		Tel. No.		Fax No.			
Academic and Professional Qualifications:							
Qualific	Qualification Awarding Institute		itute	Year Awarded			
Note: All personal data collected is held on the Society's Membership Database. It is used in the business of the society and members' names and addresses will							
only be supplied to reputable professional bodies when the Council believes that the disclosure will genuinely be of interest to the majority of members.							
The information provided	by me in support of this	application is accurate and comple					
		_	nature:				
		Name (in full)  Date:					
SECTION B To be co	mnleted by the propo	ser		Date.			
SECTION B To be completed by the proposer  I hereby propose for admission as an Ordinary/ Ordinary Life/Associate member of							
The Hong Kong Society for Paediatric Rheumatology.							
I am an Ordinary Member of the Society.							
Signature:							
	·	Name (in full)		Date:			
SECTION C To be completed by the seconder							
I hereby second the	proposal that be admitted as an Ordinary / Ordinary Life		y / Ordinary Life/				
Associate Member of The Hong Kong Society for Paediatric Rheumatology.							
I am an Ordinary member of the Society.							
	Signature:						
		Name (in full)		Date:			
SECTION D For office use only							
Application <sup>#</sup> : □ Accepted □ Rejected at the Council Meeting held on (DD/MM/YY)							

# Please tick the appropriate option

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