



Hong Kong Obesity Society

香港肥胖學會

APPLICATION FOR MEMBERSHIP – \*New / Renewal

This form should be completed and returned together with the correct payment to

“Hong Kong Obesity Society Limited”

Secretariat office : Unit 3C, Worldwide Centre, 123 Tung Chau Street, KLN

Name (Surname first) \_\_\_\_\_ 中文姓名: \_\_\_\_\_ Sex: \*M / F

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Profession:  Doctor  \*Medicine / Surgery (Subspecialty: \_\_\_\_\_)

Others: \_\_\_\_\_ (Subspecialty: \_\_\_\_\_)

Nurse  Dietitian  Physiotherapist  Others: \_\_\_\_\_

Practice:  Public  Private Department \_\_\_\_\_ Institution \_\_\_\_\_

Membership: I wish to \* apply / transfer to be \*a/an

- Ordinary member
- Associate member
- Student member

- Note:
1. **For new membership, application will only be processed with the correct payment.**
  2. Crossed cheques should be payable to “Hong Kong Obesity Society Limited” and sent to Unit C, 3/F, Worldwide Centre, 123 Tung Chau Street, Kowloon together with this application form.
  3. Application fee – (Ordinary Member) HK\$800; (Associate member) HK\$300 / year; (Student member) HK\$100/year.
  4. An associate member can change status to an ordinary member upon payment of the annual subscription fee for 3 consecutive years.
  5. Receipt will be issued to successful applicants after the next council meeting.
  6. Your name & address may be used for the sole purpose of organization of scientific and related activities.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

[For staff use only] Bank: \_\_\_\_\_ Cheque no. \_\_\_\_\_ Received by: \_\_\_\_\_

Endorsed by Council: Yes / No Date: \_\_\_\_\_