

**THE HONG KONG ASSOCIATION FOR THE STUDY OF LIVER DISEASES**  
**LIMITED**

**APPLICATION FOR MEMBERSHIP**

The completed form should be returned together to:

Dr. Rashid LUI, Hon. Secretary,  
c/o Department of Medicine & Therapeutics  
The Chinese University of Hong Kong  
9/F., Lui Che Woo Clinical Sciences Building,  
Prince of Wales Hospital,  
Shatin, N.T., Hong Kong

**SECTION A : TO BE COMPLETED BY THE APPLICANT**

Type of membership applied for:  ORDINARY MEMBER       ASSOCIATE MEMBER

<b>Surname</b>		<b>Given Name(s)</b>			
<b>Name in Chinese</b>		<b>Title</b>		<b>Sex</b>	
<b>Date of Birth</b>		<b>Place of Birth</b>			
<b>Nationality</b>		<b>HKID Card/Passport No.</b>			
<b>Home Address</b>					
		<b>Tel. No.</b>		<b>Fax No.</b>	
<b>Office Address</b>					
		<b>Tel. No.</b>		<b>Fax No.</b>	
<b>E-mail Address</b>					

**Academic and professional qualifications:**

<b>Qualification</b>	<b>Awarding Institute</b>	<b>Year Awarded</b>

**Membership of professional and scientific societies:**

<b>Name of Society</b>	<b>Category of Membership</b>

**The information provided by me in support of this application is accurate and complete.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION B : TO BE COMPLETED BY THE PROPOSER**

I hereby propose \_\_\_\_\_  
for admission as an Ordinary/Associate Member of the Hong Kong Association for the Study of Liver Diseases.  
I am an Ordinary Member of the Association.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Name (in full) \_\_\_\_\_

---

**SECTION C : TO BE COMPLETED BY THE SECONDER**

I hereby second the proposal that \_\_\_\_\_  
be admitted as an Ordinary/Associate Member of the Hong Kong Association for the Study of Liver Diseases.  
I am an Ordinary Member of the Association.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Name (in full) \_\_\_\_\_

---