



## APPLICATION FOR MEMBERSHIP

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

Type of membership applied for:  Ordinary Member  Associate Member

Surname		Given Name(s)	
Name in Chinese		Title	Gender
Date of Birth		Medical / Nursing License No.	
Affiliation		Job Title	
Department and Office Address			
Office Tel. No.		Office email	
Mobile No.		Personal email	

Academic and professional qualifications:

Qualification	Awarding Institute	Year Awarded

Membership of professional and scientific societies:

Name of Society	Category of Membership

I declare that the information provided above in support of this application is accurate and complete.

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



**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 confirmed that I am an Ordinary Member of the Association.

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

Full Name \_\_\_\_\_

*\* delete as appropriate*

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

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

I confirm that I am an Ordinary Member of the Association.

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

Full Name: \_\_\_\_\_

*\* delete as appropriate*

\* \* \*

Please return the e-copy of the completed form to [hkasld-org@outlook.com](mailto:hkasld-org@outlook.com) and the hardcopy to be sent by post to:

Dr. Michael Ko, Hon. Secretary of HKASLD  
c/o Ms. Gladys Chu  
Talent Consultants  
22/F, 3 Lockhart Road, Wanchai, HK

**For office use only**

Application received		Council circulation	
Approval rate (    /    )		Endorsed on          CM	
Confirm letter sent		Membership fee received	