

THE HONG KONG ASSOCIATION FOR THE STUDY OF LIVER DISEASES LIMITED

APPLICATION FOR MEMBERSHIP

The completed form should be returned together to:

Dr. Loey MAK, Hon. Secretary of HKASLD
c/o Miss Christal Wong
Department of Medicine
The University of Hong Kong
Rm 419, Block K, Queen Mary Hospital
102 Pokfulam Road, Hong Kong

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		Sex	
Date of Birth		Place of Birth			
Nationality		HKID Card/Passport No.			
Home Address					
		Tel. No.		Fax No.	
Office Address					
		Tel. No.		Fax No.	
E-mail Address					

Academic and professional qualifications:

Qualification	Awarding Institute	Year Awarded

Membership of professional and scientific societies:

Name of Society	Category of Membership

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) _____
