



HONG KONG PAIN SOCIETY LIMITED

香港疼痛學會有限公司

www.hkpainsociety.org

Membership Application / Renewal Form

Personal Information

Name in English (as appeared on HKID card): _____

Name in Chinese: _____

Gender: Male Female

Types of Membership:

Life Regular Affiliate Corporate

Profession:

Doctor Nurse Allied Health Others: _____

Specialties / Disciplines:

Anesthesiology Clinical oncology Dental Family medicine/General Practice
 Neurology Neurosurgery Orthopaedics Palliative medicine
 Psychiatry Rehabilitation medicine Rheumatology Clinical Psychologist
 Physiotherapist Occupational Therapist Surgeon Others: _____

Current Appointment: _____

Correspondence Address: (In Block Letter)

Phone: Office: _____ Mobile: _____ Fax: _____ e-mail: _____

Relevant Professional & Academic Qualifications

| Year | Award | Institution | Country |
|------|-------|-------------|---------|
| | | | |
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Membership Fee (Membership is renewed annually. The membership year is from 1 January to 31 December)

| |
|--|
| <input type="checkbox"/> Regular (\$300) |
| <input type="checkbox"/> Life (\$3000) |
| <input type="checkbox"/> Affiliate (\$300) |
| <input type="checkbox"/> Corporate (\$5,000) |

Cheque No: _____ Bank of the Cheque: _____

Payments should be made with "PERSONAL CHEQUE ONLY" payable to "**The Hong Kong Pain Society Ltd.**" with your name and contact telephone number on the back of the cheque.

Send the completed form and cheque to "**Honorary Secretary, Hong Kong Pain Society, Pain Management Centre, Alice Ho Miu Ling Nethersole Hospital, Block A1, 11 Chuen On Road, Tai Po, N.T.**"

Declaration (Only applicable for Regular and Affiliate members)

1. I declare that I am a resident of Hong Kong.
2. I declare that I am qualified to practice in my healthcare discipline.
3. I declare that the above information and all substantial documents are true and correct.

Date: _____

Signature: _____