



Hong Kong Foot and Ankle 香港足踝醫學會

MEMBERSHIP APPLICATION / RENEWAL FORM

New Application

Renew Membership

Name (In English): Mr / Ms / Mrs / Dr / Prof _____
(Last Name) (First Name/Other Names)

Name (In Chinese): _____ Sex: M / F

Hospital / Institution: _____

Occupation:

Doctor

Occupational Therapist

Physiotherapist

Prosthetist & Orthotist

Nurse

Others (please specify: _____)

Type of Membership:

Ordinary member

Associate member

Corresponding member

Professional Qualification: _____

Correspondence Address: _____

E-mail Address: _____

Office Telephone: _____ Mobile: _____

Date: _____ Signature of Applicant: _____

For Official Use Only

Membership no.: _____

Approved by Council on: _____ Signature of Council Member _____

Amount Paid: Membership Fee \$200

Cheques should be made payable to "HONG KONG FOOT AND ANKLE SOCIETY"

Please return the application form and cheque to:

O&T Room 023, 2/F, Main Block, Pamela Youde Nethersole Eastern Hospital, Chai Wan, Hong Kong SAR