



香港麻醉科學會

The Society Of Anaesthetists Of Hong Kong

email:info@sahk.hk

2016 Membership Life Membership Application Form

To the Council of SAHK,

I, the undersigned, wish to apply for Life membership* of your Society and furnish the following information in relation to my application:

Part A: Personal Particulars

Name: _____

Please underline your Family name

Gender

F / M

Delete as appropriate

State of Practice:

I am now practicing in Hong Kong & Hospital/Institution

please ✓ one

Affiliation: _____

I am now practicing overseas.

I am not practicing anymore.

Qualification(s): _____

Email Address: _____

Telephone (office): _____

Fax number: _____

Mailing Address: _____

Part B: Annual Subscription Fee

Life membership HK\$1500

Cheque number: _____

Bank: _____

Electronic Receipt needed

Yes / No

*Please send your completed form and payment to **Dr. Cheung Ning, Michelle c/o The Department of Anaesthesia and Intensive Care, 4/F Main Clinical Block and Trauma Centre, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.** Cheque crossed and made payable to "The Society of Anaesthetists of Hong Kong". Only electronic receipt will be issued.*