



香港麻醉科學會

The Society of Anaesthetists of Hong Kong

email: info@sahk.hk

2020 Membership Application / Renewal Form

To: The Council of SAHK,

I, the undersigned, wish to apply / renew* for Ordinary / Ordinary (Trainee) / Associate / 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
Affiliation: _____

please ✓one

I am now practicing overseas.

I am not practicing anymore.

Qualification(s): _____

Email Address: _____

Mobile: _____

Mailing Address: _____

Part B: For NEW Membership Application

The following two Ordinary Members of your Society support my application: -

Name: _____

Signature: _____

Name: _____

Signature: _____

Name of

Applicant: _____

Signature of

Applicant: _____

Part C: Annual Membership Fee

Ordinary Member HK\$150

*Bank Transfer or By cheque (Chq no. _____)

Ordinary Member (trainee) HK\$75
(Fee waived for Novice trainee in first year)

*Bank Transfer or By cheque (Chq no. _____)

Associate Member HK\$75
(Non- anaesthetist)

*Bank Transfer or By cheque (Chq no. _____)

Life membership (fellow) HK\$1500

*Bank Transfer or By cheque (Chq no. _____)

**Payment method (circle the chosen one):*

1. Bank transfer (HSBC account 002-244390-001)

2. By Cheque (Crossed cheque and made payable to "The Society of Anaesthetists of Hong Kong")

- Send the completed form with the receipt copy (bank transfer) or Cheque 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.** (Only electronic receipt will be issued)