

THE HONG KONG NEONATAL SOCIETY LIMITED
Membership Application Form (Full / Associate / Affiliate Membership)

The Hong Kong Neonatal Society Ltd
c/o Dr Simon Lam/Dr Terence Ma
Department of Paediatrics,
6/F Lui Che Woo Clinical Sciences Building,
Prince of Wales Hospital, Sha Tin, N.T., Hong Kong.

To the President of The Hong Kong Neonatal Society,

I wish to become a **Full / Associate / Affiliate Member*** (see Note below, please delete as appropriate) of The Hong Kong Neonatal Society Limited and I agree, if elected, to abide by the rules and regulations as stated in the Memorandum and Articles of the Society. (The Memorandum and Articles of the Society is available in website <www.hknns.org.hk>)

FULL NAME: English _____ Chinese _____
(Surname first, block letters please)

Sex: M / F HK ID or Passport No. (first 3 numerical digits only): _____

Qualifications & year obtained: _____

Have received three or more years of supervised neonatal training? Yes (for FULL member) _____ No _____

Hong Kong Medical Council Registration No. & Year (for FULL or ASSOCIATE member): _____

ADDRESS: Home _____

_____ Tel: _____ Fax: _____

Office _____

_____ Tel: _____ Fax: _____

My preferred MAILING ADDRESS is: Home / Office? (Please delete as appropriate)

e-mail address: _____ Do you prefer to receive news mainly by e-mail? Yes / No

Date of Application: _____

I enclose a cheque of \$101 for FULL member / \$51 for ASSOCIATE or AFFILIATE MEMBER (\$100 for annual membership fee for FULL member / \$50 annual fee for ASSOCIATE or AFFILIATE MEMBER, \$1 entrance fee for all), payable to THE HONG KONG NEONATAL SOCIETY LIMITED. (Refundable if the application is unsuccessful).

I declare that all the above information is true and correct. I consent to the personal data contained herein to be used by HKNS for academic, training and administrative purposes; and for providing me with updated information from the Society.

(Applicant's Signature)

and

We declare that the above applicant is personally known to us, that the information listed above is genuine to the best of our knowledge, and that the applicant is holding a registrable qualification in the Medical Council of Hong Kong (if apply for FULL or ASSOCIATE MEMBERSHIP). We believe him/her to be a suitable person to be elected as a member of The Hong Kong Neonatal Society Limited.

Name of Proposer: _____
(In block letters) (signature) (date)

Name of Seconder: _____
(In block letters) (signature) (date)

(OFFICIAL USE ONLY)

Passed/declined by Council: Date _____ Membership: Full / Associate / Affiliate

President: _____ Hon. Secretary: _____ Membership No.: _____

Fees paid (verified by Hon. Treasurer): _____ Applicant Notified: _____

***Note:**

Full Member - any medical practitioner fully registered with the Hong Kong Medical Council normally residing in Hong Kong who has at least three years of supervised training in neonatology shall be eligible for application to be admitted as a Full Member of the Society upon the written recommendation of two Full Members of the Society. They are entitled to vote, to hold office and to take part in all the Society's functions. All applications for full membership are subject to approval by the Council.

Associate Member - any medical practitioner fully registered with the Hong Kong Medical Council who is interested in neonatology or practice but is not qualified to be Full Member shall be eligible for application to be admitted as an Associate Member of the Society upon the written recommendation of two Full Members. All applications are subject to approval by the Council. Associate Members shall have no voting rights and shall not be eligible for election to office.

Affiliate Member - any person who is involved or interested in neonatology but is not qualified to be registered as a medical practitioner or not normally residing in Hong Kong shall be eligible for application to be admitted as an Affiliate Member of the Society upon the written recommendation of two Full Members. All applications are subject to approval by the Council. Affiliate Members shall have no voting rights and shall not be eligible for election to office.

Notice to Data Subject Regarding Personal Data Disclosed to The Hong Kong Neonatal Society Ltd

The personal data provided by you will be accessible only to those persons who are directly involved in the operation of HKNS. They are required to observe the rules of confidentiality under the *Personal Data (Privacy) Ordinance* and other relevant ordinances. Personal data are only disclosed when the Council of HKNS authorizes such disclosure. You have right of access to and correction of personal data held on you by the Society. Your right of access includes the right to obtain a copy of your personal data kept by HKNS