



香港兒童呼吸及過敏學會  
Hong Kong Society of Paediatric Respirology and Allergy

Tel: (852) 3517 5055 Fax: (852) 3517 5261 Home page: [www.hkspra.org](http://www.hkspra.org)

**Application for Membership**

(Please return the membership application form to Dr. Jeff Wong, Honorary Treasurer, HKSPRA, c/o Room CS-701, 7/F., Department of Paediatrics, Kwong Wah Hospital, 25 Waterloo Road, Yaumatei, Hong Kong with a cheque payable to "Hong Kong Society of Paediatric Respirology and Allergy Limited")

	Admission Fee	Annual Subscription Fee (1 April 2016 – 31 March 2017)	Total
<b>Full Member (Doctor)</b>	HKD 200	HKD 200	HKD 400
<b>Associate Member (Others)</b>	HKD 100	HKD 100	HKD 200
<b>Life Member (For doctors only)</b>			HKD 2,000

Title:  Professor  Dr.  Mr.  Ms.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hospital: \_\_\_\_\_ Clinic Name (Private Practice): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Profession:  Professor  Doctor  Nurse  Physiotherapist  Occupational Therapist  
 Pharmacist  Others (please specify) \_\_\_\_\_

Applied Membership Status:  Full Member  Associate Member  Life Member

**Personal Data (Privacy) Ordinance:**

Being the HKSPRA member, you will receive the Society's meeting information (eg ASM, Clinical Meeting) and publications (eg Journal) regularly, as well as other medical associations information that we cooperate and support with.

I do not wish the Society to provide my personal data to other persons/associations for their use in providing their meeting information not cooperate or supporting by the Society.

**Endorsement** – Applicant is personally known to me and I am a member of Hong Kong Society of Paediatric Respirology and Allergy.

Proposer: \_\_\_\_\_

Seconder: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Payment**

Cheque No: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank: \_\_\_\_\_ Cheque Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

Data Captured : \_\_\_\_\_

Receipt : \_\_\_\_\_