



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

c/o Room CS-701, 7/F., Department of Paediatrics, Kwong Wah Hospital, 25 Waterloo Road, Yaumatei, Hong Kong
Tel: (852) 3517 5055 Fax: (852) 3517 5261 Home page: www.hkspra.org

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1 April 2016

Dear Full Member/Associate Member,

**Renewal of Membership
(for the period of 1 April 2016 – 31 March 2017)**

Please kindly complete and return the attached membership renewal form together with your cheque (Full Members: HKD 200 per year; Associate Members: HKD 100 per year) payable to “**Hong Kong Society of Paediatric Respirioly and Allergy Limited**” on or before 30 May 2016.

For Full Members, you may also settle this by choosing to be a Life Member with a one-off payment of HKD 2,000.

Your attention is drawn to the constitution of HKSPRA quoted as follows: “in default payment of 2 successive annual subscription fees, membership shall be liable to be struck off and a resolution of the council to that effect shall than be passed for that purpose. In such event, the membership shall cease automatically”.

Should you have any enquiry about the membership, please do not hesitate to contact Ms. Melissa Leung, our Executive Officer on (852) 9090 5751 or by e-mail to hkspra@gmail.com

Your sincerely,

Dr. Jeff Chin-pang Wong
Honorary Treasurer
Hong Kong Society of Paediatric Respirioly and Allergy (HKSPRA)

(This is a computer generated notice, no signature is required.)



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RENEWAL OF MEMBERSHIP
(for the period of 1 April 2016 – 31 March 2017)

	Annual Subscription Fee
Full Member (Doctor)	HKD 200 (per year)
Associate Member (Others)	HKD 100 (per year)
Life Member (For Doctor only)	HKD 2,000 (one off)

Current Membership Status: Full member (Doctor) Associate member (Others)

Your membership payment update: 2015 Paid (for 1 Apr 2015 – 31 Mar 2016)
 Unpaid (pls settle immediately)

2016 Please settle (for 1 Apr 2016 – 31 Mar 2017)

Total amount to be paid HKD _____

Name: _____ Chinese Name: _____

Reply Slip

Date: _____

Membership Renewal: Full (Doctor) Associate (Others) Life (For Doctors only)

Title: Professor Dr. Mr. Ms.

Profession: Professor Doctor Nurse
 Physiotherapist Occupational Therapist Pharmacist
 Others (please specify): _____

Name: _____ Signature: _____

Cheque No & Amount: _____ (HKD _____) Bank: _____

Cheque Date: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____
(Urgent communication is solely by emails)

For Official Use only	
Data capture	<input type="checkbox"/>
Receipt issued	<input type="checkbox"/>

NOTE:

Please return the membership renewal form together with a cheque make payable to "Hong Kong Society of Paediatric Respirioly and Allergy Limited" 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.