



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

2011 – 2012
Name : _____ Chinese Name: _____
(First name) (Last name)

Sex : _____ Age : _____

President
Dr. Y. L. Lee
李淵森 醫生
Profession : _____ : Orthopaedic surgeon / Clinician / Allied Health/ Nurse

Business Address : _____

Vice-President
Dr. C. K. Ko
高志權 醫生
Tel (office) _____ (Home) _____

E-mail Address : _____ Fax _____

Correspondence Address : _____

President-Elect
Dr. S. T. Ho
何相東 醫生
Qualifications (with dates): _____

Professional Experience : _____

(with dates) _____

Honorary Secretary
Dr. W.L. Tsang
曾偉略 醫生
Biennial Fee(11-12) Biennial Fee (11-12)

Apply for : Ordinary Member π HK\$300 Associate Member π HK\$200

Fellow π HK\$500 Corresponding Fellow π HK\$500

Life Fellow π HK\$2,500

Honorary Treasurer
Dr. N. M. Wong, Raymond
黃能文 醫生
Chapters: Paed Ortho Chapter π HK\$200 Sports Med Chapter π HK\$200

Spine Chapter π HK\$200 Adult Joint Reconstruction Chapter –HK\$200

Council Members
Date : _____ Signature _____ (Applicant)

Proposer : _____ Signature _____

Dr. S. F. Yip, Henry
(Immediate Past President)
葉少輝 醫生
Seconder : _____ Signature _____

Dr. W. L. Chan
陳偉霖 醫生
(Proposer & Seconder must be Fellow of the Association)

Dr. Y. F. Leung
梁遠輝 醫生
(Application for Life Fellow & Corresponding Fellow does not require Proposer or Seconder)

Dr. F. Y. Ng
吳富源 醫生
Please return the form with cheque payable to “The Hong Kong Orthopaedic Association”

Dr. K. M. Siu
邵貴明 醫生
or credit card authorization form to: Dr Tsang Wai Leuk, Honorary Secretary, HKOA

Dr. Y. Yeung
楊揚 醫生
c/o Room 022, Main Block, 3 Lok Man Road, Chai Wan, Hong Kong SAR

Fax : (852) 2595 6414, Web site: www.hkoa.org, E-mail: secretary@hkoa.org

Payment method (Please \checkmark):

By cheque made payable to “The Hong Kong Orthopaedic Association”

Cheque Number: _____ Bank: _____

By credit card (Please \checkmark) VISA Master

(Please complete the attached credit card payment authorization form.)

Honorary Legal Advisor
Mr. Jacob Tse
謝銳蓀 律師

Honorary Auditor
M. B. Lee & Co.
李文彬 會計師事務所

For Office Use Only

Category of Membership Ordinary Member π Associate Member π

Fellow π Corresponding Fellow π

Life Fellow π POC π SMC π SC π

Council Meeting on: _____ Secretary: _____

Correspondence: Room 022, Main Block, 3 Lok Man Road, Chai Wan, Hong Kong SAR

c/o Dr. Tsang Wai Leuk, Honorary Secretary, Fax : (852) 2595 6414, Web site: www.hkoa.org, E-mail: secretary@hkoa.org



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Name: _____

Credit Card Payment Authorisation Form



I hereby authorise the Hong Kong Orthopaedic Association to debit the following credit card in the total amount indicated below for payment of the membership fee.

Paying Card Number: _____ / _____ / _____

Card Validation Number (The last 3-digit numbers on the signature panel at the back _____)
eg. 9112 **325**)

Paying Cardmember Name: _____
(As shown on card)

Total Amount to be Debited: _____ HK\$

Expiry Date: _____ (M) _____ (Y)

Paying Cardmember Contact: _____ Tel: _____

Authorised Signature: _____ Date: _____

Correspondence: Room 022, Main Block, 3 Lok Man Road, Chai Wan, Hong Kong SAR

c/o Dr. Tsang Wai Leuk, Honorary Secretary, Fax : (852) 2595 6414, Web site: www.hkoa.org, E-mail: secretary@hkoa.org