



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

Application for membership (including chapters)

Name : _____ Chinese Name: _____
(First name) (Last name)

2009 – 2010

Sex : _____ Age : _____

President
Dr. S. F. Yip, Henry
葉少輝 醫生

Profession : Orthopaedic surgeon / Clinician / Allied Health/ Nurse

Business Address : _____

Tel (office) _____ (Home) _____

Vice-President E-mail Address : _____ Fax _____

Dr. S. H. Choi Correspondence Address : _____

蔡森洪 醫生

Qualifications (with dates): _____

President-Elect

Dr. Y. L. Lee
李淵舜 醫生

Professional Experience : _____
(with dates)

Honorary Secretary

Dr. K. M. Siu
邵貴明 醫生

Biennial Fee(09-10)

Biennial Fee (09-10)

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

Fellow HK\$500 Corresponding Fellow HK\$500

Life Fellow HK\$2,500

Honorary Treasurer

Dr. N. M. Wong, Raymond
黃能文 醫生

Chapters: Paed Ortho Chapter HK\$200 Sports Med Chapter HK\$200

Spine Chapter HK\$200

Date : _____ Signature _____ (Applicant)

Council Members

Dr. K. Y. Fung
(Immediate Past President)
馮貴游 醫生

Proposer : _____ Signature _____

Seconder : _____ Signature _____

(Proposer & Seconder must be Fellow of the Association)

(Application for Life Fellow & Corresponding Fellow does not require Proposer or Seconder)

Dr. W. L. Chan
陳偉霖 醫生

Please return the form with cheque payable to “The Hong Kong Orthopaedic Association”

or credit card authorization form to: Dr Siu Kwai Ming, Honorary Secretary, HKOA

Dr. S. T. Ho c/o Dept. of Orthopaedics & Traumatology, Princess Margaret Hospital, Kln., Hong Kong

何相東 醫生 Tel.: (852) 2990 3116 Fax: (852) 2990 3477 Website: www.hkoa.org

Payment method (Please ✓):

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

Cheque Number: _____ Bank: _____

By credit card (Please ✓) VISA Master

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

Honorary Legal Advisor

Mr. Jacob Tse
謝銳蓀 律師

For Office Use Only

Category of Membership Ordinary Member Associate Member

Fellow Corresponding Fellow

Life Fellow POC SMC SC

Honorary Auditor

M. B. Lee & Co.
李文彬 會計師事務所

Council Meeting on: _____ Secretary: _____



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Dr. S. T. Ho
何相東 醫生

Dr. C. K. Lam
林自強 醫生

Dr. K. L. Leung, Frankie
梁加利 醫生

Dr. Y. F. Leung
梁遠輝 醫生

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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:
