



# 香港骨科醫學會

## THE HONG KONG ORTHOPAEDIC ASSOCIATION

2025 – 2026

Membership Application Form (2025-2026)

**President**

Es!L/L! poh  
黃淦剛醫生

**Vice-President**

Es!L/ !T fi!  
余冠文醫生

**President-Elect**

Es!D/I! poh!  
黃創興醫生

**Honorary Secretary**

Es!L f ü! I / ! bo  
尹希文醫生

**Honorary Treasurer**

Es! di bf th / ! Poh  
王添欣醫生

**Council Members**

Es!D/I! bo  
)Jn n fe bu! Qbt! Qsft efou  
忻振凱醫生

Es!I fos!  
傅俊謙醫生

Es!B r f s u / D! I t  
許榕澤醫生

Es!Q f u s! I / ! M  
李浩銘醫生

Es!P i f n h / ! bo  
溫宇婷醫生

Es!S p o b r n! / ! poh  
黃文揚醫生

**Honorary Legal Advisor**

s! m b n! Di bo  
陳瑋宗律師

**Honorary Auditor**

!C!M f! !Dp/  
李文彬會計師事務所

Name (Eng): \_\_\_\_\_ Name (Chi): \_\_\_\_\_

Title: Prof. / Dr. / Mr. / Ms. Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Profession: Orthopaedic surgeon / Clinician / Allied Health / Nurse

Institute / Hospital: \_\_\_\_\_

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

Tel (Office): \_\_\_\_\_ Home / Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Qualifications (with dates): \_\_\_\_\_

Professional Experience (with dates): \_\_\_\_\_

**Apply for:**

- Associate Member  HK\$200
- Ordinary Member  HK\$300
- Fellow  HK\$500
- Corresponding Fellow  HK\$500
- Life Fellow  HK\$2,500

**Chapters: (For Ordinary Members or Fellows)**

- Qbfe!P su p!Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111
- T psut! fe!Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111
- T of!Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111
- Be rñk p ouS fdpotu dupo!Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111
- ppu !Bol rñ!Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111
- Psu p bfe d!Podpñh !Di b ufs 3136.3137!C foo bñf ctds upo ! I L!! 311
- Mgf! fn cfs!T ctds upo!(Fellows Only) ! I L 2111

**Payment Method**

Credit Card Payment:

!!!Qrñbt!f!d pñ rñu!ü f!Dsfe uDbse!Qb n fouB ü ps bupo! psñ!boe!tfoe!up!ü f!I popsbs !Tf dsfubs

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Proposer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seconder Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Seconder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Proposer & Seconder must be Fellow of the Association)

(Application for Life Fellow & Corresponding Fellow DOES NOT require Proposer or Seconder)

Correspondence: 60 !Qspgfttps bñC rñd !R ffo! bs !I pt ubñQp! g rñn !S pbe!I poh!L poh!TBS  
!dQp!Es!L f ü! bo!I popsbs !Tf dsfubs ! b !!)963 !3928.54: 3! fc!t uf !x x x / l pb/psh!F.n b rñt f dsfubs A i l pb/psh