



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

2025 – 2026

17 January 2025

Dear Life Fellows,

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Dr. K.K. Wong
黃淦剛 醫生

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佘冠文 醫生

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Mr. William Chan
陳瑋宗 律師

Honorary Auditor

M. B. Lee & Co.
李文彬會計師事務所

On behalf of the new Council, I wish you all the best in the year of 2025. Your continuous support remains indispensable to the Association. You are cordially reminded to renew your membership subscription in order to enjoy the privileges of the HKOA. In Addition, we also collect the Chapter Membership Fees on behalf of our **Six Chapters**. Please fill in the following information together with the Credit Card Payment Authorization Form for your membership renewal. Thank you and look forward to seeing you all in the upcoming HKOA events.

Yours Sincerely,

Dr. Keith Wan
Honorary Secretary, HKOA

Prof. / Dr. / Mr. / Ms.: _____

Address: _____

Home Tel: _____

Office Tel: _____

Fax: _____

E-mail: _____

Please also tick (✓) this box if you have changed your contact information:

Please delete as appropriate: I **agree** / **do not agree** to publication of my registered address and information in the HKOA website under HKOA Member Doctors' Directory.

According to our record, you are a **Life Fellow**, please tick (✓) the appropriate box below to indicate your wish for biennial membership subscription OR life membership subscription to our respective Chapters:

2025-2026 Biennial Subscription for Chapters

- HK\$200 for Adult Joint Reconstruction Chapter
- HK\$200 for Foot and Ankle Chapter
- HK\$200 for Paediatric Orthopaedics Chapter
- HK\$200 for Spine Chapter
- HK\$200 for Sports Medicine Chapter
- HK\$200 for Orthopaedic Oncology Chapter

Life Membership Subscription for Chapters (New Application)

- HK\$1000 for Adult Joint Reconstruction Chapter
- HK\$1000 for Foot and Ankle Chapter
- HK\$1000 for Paediatric Orthopaedics Chapter
- HK\$1000 for Spine Chapter
- HK\$1000 for Sports Medicine Chapter
- HK\$1000 for Orthopaedic Oncology Chapter

Payment Method

Credit Card Payment:

Please complete the Credit Card Payment Authorization Form and send to the Honorary Secretary

(Please specify on the envelope: HKOA Membership Renewal)