



Hong Kong IBD Society Limited 香港炎症性腸病學會有限公司

MEMBERSHIP APPLICATION FORM

Surname:		Given Name (in full):			
Chinese Name:		Gender:		Title (Prof./Dr./Mr./Ms.)	

Correspondence Address:					
Email Address:					
Contact No:					

Academic & Professional Qualifications:

Degree(s) / Qualifications	Name of Institution	Year obtained

Proposed by _____

Seconded by _____

Membership fee details (please tick the appropriate box):

Membership Categories	Entrance Fee (One-off)	Annual Fee
Ordinary Member	HK\$200-	HK\$200-
Associate Member	HK\$100-	HK\$100-

I certify that the above information provided by me in support of my application is accurate and complete.

I am now enclosing the entrance fee payable to “**Hong Kong IBD Society Limited**”.

(Please pay **ENTRANCE FEE ONLY** upon submitting this application form)

Signature: _____

Date: _____

Please return the completed form to Dr. Carmen Ng, Department of Medicine & Geriatrics,
Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Kwai Chung, Kowloon.
Email: ngkmc@ha.org.hk Fax: 29903333 Tel: 29903771