



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 _____

Signature: _____

Seconded by _____

Signature: _____

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. Edmund Wu, Department of Medicine & Geriatrics, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Kwai Chung, N.T.
Email: edmund.st.wu@gmail.com Fax: 29903333 Tel: 29903771*