



# 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
<input type="checkbox"/>	Ordinary Member	HK\$200-	HK\$200-
<input type="checkbox"/>	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](mailto:edmund.st.wu@gmail.com) Fax: 29903333 Tel: 29903771