

Date: _____

**HONG KONG SOCIETY OF DIGESTIVE ENDOSCOPY
MEMBERSHIP APPLICATION FORM**

I. Personal Particulars

Name: _____ (English) _____ (Chinese)

Sex: Male Female

Membership: Life Ordinary Member (Doctors Only) Ordinary Member (Doctors Only)
 Life Associate Member (Nurses Only) Associate Member (Nurses Only)

Address: _____

Email: _____ Tel : _____ Fax: _____

Name of Medical school attended: _____ Year of graduation: _____

Post-graduate degree: _____ Overseas training: _____

Present practice: Specialty: _____ Sub-specialty: _____

Private practice Solo practice

Group practice (Name: _____)

Institutional (Name/ Position: _____)

University (Name/ Position: _____)

Past training and experience in Digestive Endoscopy:

II. Proposer Information

Name of Applicant: _____ Signature of Applicant: _____

Name of Proposer: _____ Signature of Proposer: _____

Name of Second Proposer: _____ Signature of Second Proposer: _____

Please send the original form to the Secretariat at CUHK Jockey Club Minimally Invasive Surgical Skills Centre, 3/F, Li Ka Shing Specialist Clinic (North Wing), Prince of Wales Hospital, Shatin, NT, Hong Kong.

For official use :

Application approved / not approved in the _____ Council Meeting on _____.

Signed _____ (Secretary)