



The Hong Kong Society of Children's Palliative Care

香港兒童紓緩學會

Application Form for Membership

Dear Sir,

I wish to become a Full/Associate (please circle as appropriate) Member of the Hong Kong Society of Children's Palliative Care. I hereby agree, if elected, to abide by the rules and regulations of the said Society.

FULL NAME: English _____ Chinese _____

(Surname first, block letters please)

SEX: M / F

ADDRESS: Home (optional) _____

Tel: _____ Fax: _____

ADDRESS: Office _____

Tel: _____ Fax: _____

EMAIL: _____

PREFERENCE FOR CORRESPONDENCE: Home / Office / Email (Please circle as appropriate)

QUALIFICATIONS AND DATE OBTAINED: _____

WORKING EXPERIENCE:

INSTITUTION	POST	DATE (MM/YY – MM/YY)

I hereby enclosed a cheque or cash \$ _____ (\$200 for the entrance fee for FULL member, \$100 for the entrance fee for ASSOCIATE member). Payable to “THE HONG KONG SOCIETY OF CHILDREN’S PALLIATIVE CARE”

I declare that all the above information is true and correct.

I consent to the personal data contained herein to be used by the Society for academic, training and administrative purposes

APPLICANT SIGNATURE: _____ DATE: _____

Form submission

- 1. The filled application form, AND**
- 2. A crossed cheque of \$200 (Full member) / \$100 (Associate member) made payable to “The Hong Kong Society of Children’s Palliative Care”**

Please post to:

**51 Lei King Road, Lei King Wan, Sai Wan Ho, Hong Kong
Caritas Lok Yi School
Attn: HKSCPC Hon. Treasurer**

(OFFICIAL USE ONLY)

Passed/declined by Council: Date _____ Reason _____

Membership: Full / Associate

Chairman/Vice Chairman: _____ Honorary Secretary: _____ Membership No.: _____

Fees paid (verified by Hon. Treasurer): _____ Applicant Notified: _____

Other remarks: _____