

THE HONG KONG SOCIETY OF ENDOUROLOGY (HKSE) LIFE MEMBERSHIP APPLICATION

I hereby apply for Life membership of the Hong Kong Society of Endourology. I am an Ordinary member of HKSE since the year _____.

Surname _____ Given name(s) _____ Name in Chinese _____

(If applicable)

Title * Prof/Dr/Mr/Ms/Others _____ Sex *M/F Date of Birth (DD/MM/YY) ___ / ___ / ___

I am a registered Urologist in Hong Kong; year of first registration _____

Home Address _____

Telephone No _____ Fax No _____ E-mail _____

Office Address _____

*Address for correspondence *Home / Office*

Academic and Professional Qualifications:

Degrees / Qualifications	Name of Institution	Year of Award

Current Practice:

* University / Hospital Authority / Private Practice / Others (please specify) _____

I certify that the information provided by me in support of this application is accurate and complete. I understand that the Council of the Society shall have absolute discretion to accept or reject my application. I also enclose the annual fee (crossed cheque made payable to **Hong Kong Society of Endourology Ltd**).

Life membership HK\$1400.00 (Cheque Number _____ Bank _____)

Date _____

Signature _____

Please return the form by mail to: Ms. Winny Shea

c/o E3/DSU, 11 Chuen On Road, Alice Ho Miu Ling Nethersole Hospital, Tai Po

Enquiry: Tel.9336 9265 Email: hksesecretary@gmail.com

**Delete as appropriate*