



**The Hong Kong Society for Paediatric Dermatology
Membership Application Form**

Please complete the form in both English and Chinese, in BLOCK LETTERS, and send it to The Hong Kong Society for Paediatric Dermatology c/o MIMS (Hong Kong) Ltd., 27/F., OTB Building, 160 Gloucester Road, Wanchai, Hong Kong.

Membership fee: HK\$ 100 Crossed cheque payable to: "The Hong Kong Society for Paediatric Dermatology Limited"

Name: Professor / Dr. _____ **Chinese Name:** _____
(Please use block letters)

Medical Qualifications (with years and awarding institutes):

Fellowship of Hong Kong College of Paediatricians or Physicians: Y / N

Training in Dermatology (if applicable): _____

Job Title: _____

Department: _____

Hospital / Clinic Address: _____

Specialty: _____

Type of Practice: Private / HA / University / Government / Others: _____

Tel: _____ **Fax:** _____ **E-mail:** _____

Correspondence Address: _____

(If different from above)

Signature: _____ **Date:** _____

Applications require two endorsement signatures from Full Members of the Society:

PROPOSED by (signature): _____ **PRINT name:** _____ **Date:** _____

SECONDED by (signature): _____ **PRINT name:** _____ **Date:** _____

Enquiry: MIMS (Hong Kong) Ltd. (Tel: 2155 8557; Email: meeting.hk@mims.com)

FOR OFFICE USE: Acknowledge Email Database Address Database HKSDV HKCD