



**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., 37/F., Citicorp Centre, 18 Whitfield Road, Causeway Bay, 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