



# 香港微創外科學會 HONG KONG SOCIETY OF MINIMAL ACCESS SURGERY

Internet: <http://www.hksmas.org>

## MEMBERSHIP APPLICATION / RENEWAL FORM

New Applicant       Renewal Membership

**A. Membership Type:** (Please tick as appropriate)

I would like to apply/renew for       **Life Membership**       Ordinary Member\*       Associate Member

\* Ordinary membership is limited to qualified Hong Kong medical practitioners practicing minimal access therapy.

**B. Personal Particulars:**

Title \_\_\_\_\_ Name in full (Surname first) \_\_\_\_\_ Sex     M     F  
Dr/Prof/Mr/Ms

Job Title \_\_\_\_\_ Specialty \_\_\_\_\_

Hospital / Institution \_\_\_\_\_ Department \_\_\_\_\_ Hospital \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email\* \_\_\_\_\_  
\* mandatory

**C. Qualifications:**

Academic Qualifications _____	Year Obtained _____
Professional Qualifications _____	Year Obtained _____
_____	Year Obtained _____
_____	Year Obtained _____

**D. Experience in Laparoscopic Surgery:**

Type of Operations	Surgeons / Assistant	No. of Cases

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposer# \_\_\_\_\_ Name in Block Letters \_\_\_\_\_

Signature of Secunder# \_\_\_\_\_ Name in Block Letters \_\_\_\_\_

# Both Proposer and Secunder must be ordinary members of Hong Kong Society of Minimal Access Surgery

**Registration Fee**

Admission Fee (New member)      Ordinary Member HK\$250       Associate Member HK\$50

\* Admission Fee will be collected from new applicants.

Life Subscription      Ordinary Member HK\$1500       Associate Member HK\$300

**Payment**

■ A cheque for HK\$ \_\_\_\_\_ made payable to "Hong Kong Society of Minimal Access Surgery Limited" is enclosed, with recipient address as Secretariat, Hong Kong Society of Minimal Access Surgery Limited, c/o Room 304, Admin Block, Ruttonjee Hospital, Wanchai, Hong Kong.

\*\* For enquiry please contact Ms Jelly Cheng (Tel: 22911381, Fax: 22911346).

(Form updated Dec 2015.)