



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

Website: www.hksmas.org

MEMBERSHIP APPLICATION FORM

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 Seconder# _____ Name in Block Letters _____

Both Proposer and Seconder 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

© 1992-2025 Hong Kong Society of Minimal Access Surgery. All rights reserved. Printed in Hong Kong.

Bank Account Information

The Bank of East Asia

Account Name: Hong Kong Society of Minimal Access Surgery Limited

Account No.: 015-514-40-66838-9

Please send the completed application form together with the payment slip to hksmas1992@gmail.com

© 1992-2025 Hong Kong Society of Minimal Access Surgery. All rights reserved. Printed in Hong Kong.

** For enquiry please contact the Secretariat (Tel: 93089350)

(Form updated Jan 2026.)