

MEMBERSHIP APPLICATION FORM

I wish to *apply / tran	nsfer to be *a/an	e Member	Student Member
* Delete as appropriate	Ore	dinary Member	Overseas Member
	☐ As	sociate Member	
of Hong Kong Societ	y of Endocrinology, Metab	oolism and Reproduc	tion.
Title:	Surname:	Given nam	e:
Correspondence Ad	1		
Tel. No.:	Fax No.:	Email:	
Signature:		Date:	
Academic/Profession	nal Qualifications		
Insttitution:	Degree:		Date Awarded:
	<u> </u>		
Present Position:			
-	and work done in endoc	rinology, metabolisi	n and reproduction:
1. 2.			
3.			
Proposer Name:		Signature:	
Seconder Name:		Signature:	
Completed application	form with a crossed cheque	for membership fee m	ade payable to "HKSEMR"
should be sent:			
By post to: Dr. Paul CH I	Lee, Honorary Secretary, HKSE	MR	
c/o RM305 , .	3/F, Professorial Block, Queen	Mary Hospital, 102 Pokj	fulam Road, Hong Kong
Membersh	ip fees:		

Life member \$2000; Ordinary member HK\$150/year; Associate member HK\$130/year Student member HK\$30/year; Overseas member US\$10/year