

# THE HONG KONG SOCIETY OF GASTROENTEROLOGY

## APPLICATION FOR ADMISSION

### SECTION A: TO BE COMPLETED BY THE APPLICANT

I hereby apply for admission as an \* Ordinary Member / Associate Member / Fellow of The Hong Kong Society of Gastroenterology (\* Please circle as appropriate). The information provided by me in support of this application is accurate and complete. I understand that the Council of the Society shall have absolute discretion to accept or reject my application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Surname: \_\_\_\_\_ Given names (in full): \_\_\_\_\_

Name in Chinese: \_\_\_\_\_ Title: \_\_\_\_\_ Sex: \_\_\_\_\_  
(if applicable)

Date of birth: \_\_\_\_\_ \* H.K.I.D. Card No. / Passport No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Tel. No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Correspondence Address (\* Please circle as appropriate): \* Home / Office

Academic and professional qualifications:

Degrees and/or other qualifications obtained	Name of institution	Year of award

Membership of other medical societies and associations:

Name of society/association	Category of membership

Current practice (*\* Please circle as appropriate*):

\* University                      HA                      Private                      Private Group  
   Hospitals                      Practice                      Practice

Others (*please specify*):

Approximate percentage of practice spent in gastroenterology: \_\_\_\_\_ %

Special area of interest in gastroenterology: \_\_\_\_\_

List of publications – please give full details of your publications on separate sheets.

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**SECTION B: TO BE COMPLETED BY THE PROPOSER**

I hereby propose \_\_\_\_\_ for admission as an \* Ordinary Member /

Associate Member / Fellow of The Hong Kong Society of Gastroenterology for the following reason(s) :  
(*\* Please circle as appropriate*)

I am an \* Ordinary Member / Fellow of the Society (*\* Please circle as appropriate*).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

**SECTION C: TO BE COMPLETED BY THE SECONDER**

I hereby second the proposal that \_\_\_\_\_

be admitted as an \* Ordinary Member / Associate Member / Fellow of The Hong Kong Society of Gastroenterology.

I am an \* Ordinary Member / Fellow of the Society (\* Please circle as appropriate).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

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**SECTION D: FOR OFFICE USE ONLY**

Application \* accepted / rejected at the Council Meeting held on \_\_\_\_\_

**COMPLETED FORM SHOULD BE RETURNED TO THE SECRETARIAT**  
**Room C, 7/F, Thomson Commercial Building, 8 Thomson Road, Wanchai, Hong Kong**