Hong Kong Society of Congenital and Structural Heart Disease

香港先天性及結構性心臟病學會

E-mail: hkcash@llink.com.hk Website: http://www.hongkongcash.org

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Membership Application Form - New Member / Renewal

Name in English:	In Chinese:	Sex : M / F
Hospital / Department:	Job Title:	
Correspondence Address :		
Telephone No.: (Office)	(Mobile)	
E-mail Address:		
Please select ("✓" as appropriate) ☐ *New Member *(+ HK$100 Registration Fee)* ☐ Renewal		

Category :

(1) Physician	☐ Annual Fee	HK$300
(2) Trainee	☐ Annual Fee	HK$200
(3) Allied health	☐ Annual Fee	HK$150
* New Member	☐ Registration Fee	HK$100

Total: _____

* *New applicant is required to pay the registration fee of HK$100 on top of the annual fee*

* *Annual subscription commences on 1 January each year*

Payment Method :

Please mail this form together with a crossed cheque (payable to '**Hong Kong Society of Congenital & Structural Heart Disease Limited**') to the following address:

Hong Kong Society of Congenital & Structural Heart Disease or HKCASH

Room 2302, 23/F, Kwai Hung Holdings Centre, 89 King's Road, North Point, Hong Kong

Cheque No: _____ Bank: _____

or

Pay in to Society Account and E-mail the application form and payment record (email: hkcash@llink.com.hk): **Standard Chartered Bank 447-0-076477-4**

Signature:	Date:

For Internal Use:			
Membership approval:	☐ Yes		
Membership fee paid:	☐ Yes HK$	Received by:	