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| **Membership Application / Renewal Form(for the year 2018)****Personal Information** |



**HONG KONG SOCIETY OF MUSCULOSKELETAL PAIN**

**香港肌肉骨骼痛學會**

**www.mskuspm.org**

**Name in English (as appeared on HKID card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_＿＿＿＿＿\_\_\_　Name in Chinese:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** 　Male 　　 　Female

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| **Types of Membership:**  |  Ordinary  |  Associate  |  Corporate  |

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| **Profession:**  |  Doctor  |  Nurse  |  Allied Health  Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Specialties / Disciplines:**

 Anesthesiology  Clinical Oncology  Dental  Family Medicine / General Practice

 Neurology  Neurosurgery  Orthopaedics  Palliative Medicine

 Psychiatry  Rehabilitation Medicine  Rheumatology  Clinical Psychologist

 Physiotherapist  Occupational Therapist  Surgeon  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Correspondence Address: (In Block Letter)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone:** Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relevant Professional & Academic Qualifications**

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| **Year** | **Award** | **Institution** | **Country** |
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**Membership Fee (Membership fee is renewed annually. Membership year is from 1 January to 31 December**

Cheque No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payments should be made with “PERSONAL CHEQUE ONLY” payable to “**Hong Kong Society of Musculoskeletal Pain**” with your name and contact telephone number on the back of the cheque.

Send the completed form and cheque to “**Honorary Secretary, Hong Kong Society of Musculoskeletal Pain, P.O.Box. No.98530, Tsim Sha Tsui Post Office, Kowloon**”.

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| Ordinary HK$300 |
| Associate HK$50 |
| Corporate HK$5,000 |

**Declaration (Only applicable for Ordinary and Association Members)**

1. I declare that I am a resident of Hong Kong.

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

1. I declare that I am qualified to practice in my healthcare discipline.
2. I declare that the above information and all substantial documents are true and correct.