

The Hong Kong Society for Diabetic Limb Care

香港糖尿病肢體學會



Fax: (852) 2255 3800

E-mail: info@diabeticlimb.hk

Website: www.diabeticlimb.hk

Membership Application / Renewal Form

Personal Information			
Name :(English) _____		(Chinese) _____	
Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male	HKID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> XXX(X)	
Title: <input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Doctor <input type="checkbox"/> Professor
Nationality: _____		_____	
Correspondence Address: _____ _____			
Phone No.: (Home)	(Office)	(Mobile)	(Pager)
Fax No.: _____		E-mail address: _____	
Professional Information			
Profession: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Prosthetist-Orthotist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Others (please specify): _____			
Organization/Institution: _____			Position: _____
Place of Registration: _____		Date of Registration: _____	
Membership Type			Membership Fee
<input type="checkbox"/> Full Member: Professional : Doctor / Nurse / Allied Health Professionals			HK\$100 per year
<input type="checkbox"/> Associate Member: Other Student			HK\$100 per year Waived
<input type="checkbox"/> Life Member: Professional : Doctor / Nurse / Allied Health Professionals			HK\$1,500
<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	Proposer : Name : _____ Signature: _____	
Payment method (by cheque): Payable to “The Hong Kong Society for Diabetic Limb Care Limited”			
Cheque No.: _____	Amount: _____	Name of Bank: _____	
Applicant's Signature: _____		Date: _____ (dd/mm/yyyy)	
Office Use Only			
Received on (dd/mm/yyyy): _____			
Membership accepted <input type="checkbox"/> Yes <input type="checkbox"/> No		Receipt No. : _____	Receipt send on: _____
Date of the 1st Enrolment: _____		Membership No.: _____	
Handled By (Secretary): _____		Handled By (Treasurer): _____	

Remarks:

- Membership is valid for 1 year and must be renewed every year. The membership year begins on 1st July to 30th June of the next year.
- No membership card will be issued. Please keep the receipt for your own reference.
- Whenever a member pays membership fee, the membership always ends in 30th June of the next year.
- Administrative fee HK\$100 will be charged for reactivation of membership
- Please refer to the Constitution of The Hong Kong Society for Diabetic Limb Care (HKSDLC) for the right and duty.
- No registration fee to attend the HKSDLC annual meeting.
- Registration discount for course/seminar/conference.
- In compliance with the Personal Data (Privacy) Ordinance, your personal information will be used only for membership approval and society related activities.
- For enquiry, please e-mail to info@diabeticlimb.hk
- Please mail the completed form with crossed cheque to: The Honorary Secretary, The Hong Kong Society for Diabetic Limb Care Limited, LG 102, LG1, Block K, Queen Mary Hospital, 102 Pokfulam Road, Pokfulam, H.K.**