



香港腦科學會

The Hong Kong Neurological Society

Hong Kong Registered Charitable Organization, IRD Ref: 91/8121

Application for Provisional / Associate Membership of The Hong Kong Neurological Society

Name: _____ in Chinese: _____ Sex/Age: _____
Office Address: _____
Home Address: _____
Mobile No.: _____ Fax: _____
Office Telephone: _____ Email Address: _____

Table with 3 columns: Qualification, Institution, Date. Rows 1-5.

Table with 2 columns: Present Practice, Type of Work. Rows 1-4.

Table with 3 columns: Unit, Post, Date. Rows 1-5.

Publications section with rows 1-4.

I would like to apply for Provisional / Associate Membership* of The Hong Kong Neurological Society.

* Please delete the inappropriate

Date of Application: _____ Signature: _____

Official Use section with fields for Date of Council Meeting, Date of Notification, Membership Fee, and Payment Date.