



香港腦科學會

The Hong Kong Neurological Society

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

Application for Full Membership of The Hong Kong Neurological Society

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

\*As required by HKNS constitution, applicant has to be nominated by at least two full members

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.

Table with 1 column: Publications. Rows 1-4.

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

Nomination section with fields for Name and Signature of 1st and 2nd Nominators.

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