



Hong Kong Society for Hand Therapy Membership Application / Renewal Form*

Name (In English): Mr/Ms/Mrs/Dr/Prof * _____
(Last Name/Surname) (First Name/Other Names)

Name (In Chinese): _____ Sex : M / F Passport / I.D. NO: _____ ()

Hospital/Institution/Office: HA Hospital University Private
 Others (please specify: _____)

Occupation : Occupational Therapist Physiotherapist
 Surgeon Prosthetist & Orthotist
 Nurse Others (please specify: _____)

Type of Membership : Life Full Member** Full Member
 Life Associate Member** Associate Member
 Honorary Member*** Student Member
 Overseas Member

Professional Qualification : _____

Office Address : _____

Correspondence Address : _____

Office Telephone No. : _____ Fax No.: _____

Mobile Phone No : _____ E-mail Address: _____

Donation (optional)**** : \$ _____

Date : _____ Applicant Signature: _____

** Please delete the inappropriate*

*** One should be paid up Full Member in the last consecutive 4 years. After the application is approved, no more membership fee will be collected in the future*

****The conferred persons are recommended by the Executive Committee*

*****The donation amount should be sent with a separate cheque*

For Office Use Only

Approved by Council on : _____ Secretary / Seconder Signature : _____

Amount Paid :	Biennial Membership Fee	\$300 (for March 2011 – February 2013)	<input type="checkbox"/>
	Life Full / Life Associate Membership Fee	\$1,000	<input type="checkbox"/>
	Overseas Membership Fee	US\$100	<input type="checkbox"/>
	Student Membership Fee	\$100	<input type="checkbox"/>

Total amount : \$ _____ Please put down Cheque No. & Bank : _____

Cheques should be made payable to **“Hong Kong Society for Hand Therapy Limited ”**
Please return the application form to Membership Secretariat, HKSHT: Mr C.M.Wong,
Occupational Therapy Department, Prince of Wales Hospital, Shatin, Hong Kong SAR
Tel : (852)26326241 Fax :(852)26324630 E-mail: bwongb@yahoo.com