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**Application Form for Associate Membership**

The Hong Kong Society of Paediatric Surgery

Suite 812, Central Building, 1-3 Pedder Street, Central, Hong Kong

Dear Sir / Madam,

I wish to become an Associate Member of the Hong Kong Society of Paediatric Surgery, and I have read the “Article of Association of the Hong Kong Society of Paediatric Surgery”. I hereby agree, if elected, to abide by the rules and regulations of the Hong Kong Society of Paediatric Surgery.

FULL NAME: English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chinese\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Surname first, block letters please)

Sex: M / F Date of Birth (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HK ID or Passport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications & year obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You prefer MAILING ADDRESS to be: Home/Office? (Please delete as appropriate)

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you prefer to receive news mainly by e-mail? Yes/No

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

I enclose a cheque of $100.-

(being $100 for entrance fee and $100 for the current year membership fee is waived), payable to “THE HONG KONG SOCIETY OF PAEDIATRIC SURGERY LIMITED”. ( Refundable if the application is unsuccessful ). (Correct amount for entrance fee & current year membership fee by crossed cheque is an essential pre-requisite for application.) Successful members are assured that their data will be disclosed to outside societies only for relevant academic function and the Medical Diary. Please inform Hon. Secretary in writing if you object to receive these material.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant’s Signature)

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(OFFICIAL USE ONLY)

Passed/declined by Council: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership: Ordinary/ Associate

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hon. Secretary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees paid (verified by Hon. Treasurer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The Hong Kong Society of Paediatric Surgery Guideline for the Use of Personal Data***

The Hong Kong Society of Paediatric Surgery (HKSPS) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept is accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

Purpose of collection and guideline for use of personal data

1. The HKSPS will use personal data collected from a data subject for the purposes for which it is collected.

2. To provide personal data to the HKSPS is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.

3. The HKSPS may use your personal data in future (name, telephone number, fax number, email, mailing addresses) for the purposes of providing you with information of the Society, handling application, issuing receipt, research, fundraising appeal, collecting feedbacks, as well as activities invitation and related promotion purposes.

Access to and updating personal data, request for cessation of using personal data for promotion purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to access and update your personal data held by the HKSPS, and request us to cease to use your personal data for promotion purposes.

If you object the HKSPS to use your personal data for the purposes as stated above, please contact us in written with your full name, telephone number as well as date by mail / fax / email. No charge will be applied.

Name: The Hong Kong Society of Paediatric Surgery

Address: Suite 1329, Central Building, 1-3 Pedder Street, Central, Hong Kong

Fax: (852) 28696916

Email: hkpaedsurg@gmail.com