Membership Application / Renewal Form

 New Member ($100+$400/2yrs)

 Active Member, or

 Associate Member

 Membership Renewal ($400/2yrs)

(20 19 - 20 20 )

**PERSONAL DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| English Name | : |  |  | Telephone | : |  |
| Chinese Name | : |  |  | Email | : |  |
| Date of Birth | : |  |  | Fax | : |  |
|  |  |  |  |  |  |  |
| Position  | : |  |  |  |  |  |
| Serving Unit / Institute | : |  |  |  |  |  |
| Address | : |  |

***For new member, please fill in the following sections:***

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Degree(s) Obtained | : |  |
| If trainee -  | program | : |  |  | Expected completion date  | : |  |

**WORK EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Institution/Centre | Position and responsibility |
|  | To |  |  |  |  |  |  |
|  | To |  |  |  |  |  |  |
|  | To |  |  |  |  |  |  |

**AREAS OF INTEREST**

(Please give a brief description of your current interest or project)

|  |
| --- |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature | : |  |  | Date | : |  |

*Please return the form to* ***Dr.Jacqueline Chung, (c/o Karen Siu,* 12/F Central Tower, 28 Queen's Road Central, Hong Kong).** *Application form should be submitted together with a correct amount of the cheque, payable to “****The Hong Kong Society For Reproductive Medicine Limited****”, being the entrance and the annual subscription fees for the current year.*