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.*