



香港中風學會
Hong Kong Stroke Society

資深專業會員申請表格
Fellowship Application Form

Name:	_____	in Chinese:	_____	Sex:	_____
Office Address:	_____				
Home Address:	_____				
Home Telephone:	_____	Office Fax:	_____		
Office Telephone:	_____	E-Mail:	_____		

	Professional Qualification	Institution / University	Date (Month / Year)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Present Practice / Service		Type of Work		
1.	Private Practice / Service	<input type="checkbox"/>	1. Stroke Neurology	<input type="checkbox"/>
2.	Hospital Authority	<input type="checkbox"/>	2. General Neurology	<input type="checkbox"/>
3.	University	<input type="checkbox"/>	3. Stroke Rehabilitation	<input type="checkbox"/>
4.	HKSAR Government	<input type="checkbox"/>	4. General Medicine	<input type="checkbox"/>
5.	Others, specify _____	<input type="checkbox"/>	5. Geriatrics	<input type="checkbox"/>
	_____		6. Neurosurgery	<input type="checkbox"/>
			7. Vascular Surgery	<input type="checkbox"/>
			8. Neuroradiology	<input type="checkbox"/>

Relevant Working Experience		
Unit / Department / Hospital	Post / Position	Date (Month / Year)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Proposed by: _____
Fellow of The Hong Kong Stroke Society

Seconded by: _____
Fellow of The Hong Kong Stroke Society

- Please append your Curriculum Vitae showing your publications.
- Proportion of time spent on stroke service/research: _____

Date of Application: _____ Signature: _____

Official Use		Confirmed by: _____
Date of election: _____	Date of Notification: _____	
Membership Fee: _____	Paid by cash / check (no. _____); Receipt pending / sent out	

Please send the completed form to Dr. Raymond Cheung, Hon. Secretary, Dept. Medicine, Queen Mary Hospital