



香港中風學會
Hong Kong Stroke Society

普通會員申請表格
Associate Membership Application Form

Name: (英文姓名)	_____	中文姓名: (in Chinese)	_____	Sex: (性別)	_____
Occupation: (職業)	_____				
Office Address: (辦公室地址)	_____ _____				
Home Address: (住宅地址)	_____ _____				
Home Telephone: (住宅電話號碼)	_____	Office Fax: (辦公室傳真號碼)	_____		
Office Telephone: (辦公室電話號碼)	_____	E-Mail: (電子郵件地址)	_____		

Date of Application:
(申請日期) _____

Signature:
(簽名) _____

請交回東區尤德夫人那打素醫院內科部蔡德康醫生收

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