



香港中風學會 Hong Kong Stroke Society

專業會員申請表格 Membership 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. Neurology	<input type="checkbox"/>
2. Hospital Authority	<input type="checkbox"/>	2. General Medicine	<input type="checkbox"/>
3. University	<input type="checkbox"/>	3. Geriatrics	<input type="checkbox"/>
4. HKSAR Government	<input type="checkbox"/>	4. Rehabilitation	<input type="checkbox"/>
5. Others, specify _____	<input type="checkbox"/>	5. Neurosurgery	<input type="checkbox"/>
_____		6. Vascular Surgery	<input type="checkbox"/>
		7. Radiology	<input type="checkbox"/>
		8. Paramedical / Nursing / Therapist	<input type="checkbox"/>
		9. Medical Social Worker	<input type="checkbox"/>

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

Relevant Publications on Stroke	
1.	_____
2.	_____
3.	_____
4.	_____

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	