



香港中風學會 Hong Kong Stroke Society

會員申請表格 Membership Application Form

Full member (Fellow)

Associate member (please tick)

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

	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
2.	Hospital Authority	<input type="checkbox"/>	2. General Neurology
3.	University	<input type="checkbox"/>	3. Stroke Rehabilitation
4.	HKSAR Government	<input type="checkbox"/>	4. General Medicine
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"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<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