



Hong Kong Public Hospital Cardiologists Association Ltd

香港公立醫院心臟醫生協會有限公司

Membership Application Form

English Name:	Chinese Name:
Sex:	Hospital:
Mobile:	Email (not HA email):
<input type="checkbox"/> Full Member (Registered Specialist in Cardiology, HK)	<input type="checkbox"/> Associate Member (Higher Physician Trainee in Cardiology, HK)

Please tick

Only full member is eligible to vote in general meeting.

Proposer and Seconder shall be full member of HKPHCA

Signature of applicant: _____

Date: _____

Proposer: _____

Signature: _____

Seconder: _____

Signature: _____

Please send the application form with cheque (\$300 for full member and \$200 for associate member) payable to "Hong Kong Public Hospital Cardiologists Association Limited" and send to the following address:

7/F, Administration Office,
Yan Chai Hospital Multi-services Complex,
18 Yan Chai Street, Tsuen Wan
Attn: Ms. Wandī LAI, Service Manager .

(Revised on 1 August 2020)