



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 (\$300) (Registered Specialist in Cardiology, HK)	<input type="checkbox"/> Associate Member (\$200) (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:*

Attn: Ms. Wandī LAI

Flat F, 16/F, Block 3, Bellagio, Sham Tseng, NT

(Revised on 1 August 2024)