



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):
☐ Full Member (\$300) (Registered Specialist in Cardiology, HK)	☐ Associate Member (\$200) (Higher Physician Trainee in Cardiology, HK)

☐ Please tick

Only full member is eligible to vote in general meeting.

Proposer and Secunder shall be full member of HKPHCA

Signature of applicant: _____

Date: _____

Proposer: _____

Signature: _____

Secunder: _____

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. Wandi LAI

Flat A2, 29/F, One Soho, 32B Shantung Street, Kowloon.

(Revised on 20 September 2026)