Paediatric Neurology Association of Hong Kong
Application Form for Associate Membership

Honorary Secretary
Paediatric Neurology Association of Hong Kong (PNAHK)
Mailing Address: *please refer to our official website at https://www.pnahk.org/membership-application*

Dear PNAHK Honorary Secretary,

I wish to become an Associate Member of the Paediatric Neurology Association of Hong Kong (PNAHK), and I have read the Constitution of PNAHK. I hereby agree, if elected, to abide by the rules and regulations of the Constitution of PNAHK.

Full Name: English _____ Chinese _____ **Sex:** M / F

(Surname first, block letter please)

HK ID or Passport No.: _____ **Date of Birth** (Optional): _____

Qualifications & Year Obtained: _____

Training Experiences: *(Please attach Curriculum Vitae)*

HK Medical Council Registration No. *(if applicable)*: _____ **Date** *(dd/mm/yyyy)*: _____

Office Address: _____

Home Address *(Optional)*: _____

Telephone *(Office)*: _____ **Fax**: _____

E-mail Address: _____ **Mobile**: _____

Preferred Mailing Address: Home / Office

(Communication from PNAHK will be by E-mail as far as possible)

I enclose a cheque of HK$ _____ for current year membership fee, payable to the "Paediatric Neurology Association of Hong Kong". (Refundable if application unsuccessful). Successful members are assured that their data will be disclosed to outside societies only for relevant academic function. Please inform PNAHK Honorary Secretary in writing if you object to receive these materials.

_____ _____

Applicant's Signature **Date** *(dd/mm/yyyy)*

AND

We declare that the above applicant is personally known to us, that the information listed above is genuine to the best of our knowledge. We believe him / her to be a suitable person to be elected as an Associate Member of Paediatric Neurology Association of Hong Kong.

Name of Proposer: _____ _____ **Date**: _____
(Block letters) *(Signature)* *(dd/mm/yyyy)*

Name of Seconder: _____ _____ **Date**: _____
(Block letters) *(Signature)* *(dd/mm/yyyy)*

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(Official use only)

Passed/ Declined by Council
Date of Admission as Associate Member *(dd/mm/yyyy)*: _____ Membership No.: _____
President: _____ Honorary Secretary: _____
Fee paid (Verified by Honorary Treasurer): _____ Applicant Notified on: _____
(dd/mm/yyyy) *(dd/mm/yyyy)*