



The Hong Kong Society for Ultrasound in Medicine

香港醫療超聲波學會

Objects

Membership

General members:

Medical practitioners whose name is entered in the Register of medical Practitioners in Hong Kong, and who are interested in clinical ultrasound, ultrasound technology and allied subjects

Associate members:

Eligibility for associate membership in the Society include:

- a) Radiographers registered in the Department of Health and have experience or are interested in medical ultrasound
- b) nurses registered in the Hong Kong Council of Nursing and have experience or are interested in medical ultrasound
- c) individuals who hold academic degrees in medicine, engineering or veterinary, biological or physical science and have experience or are interested in ultrasound related research and/or development

Associate members do not have voting rights, and cannot be office bearers.

Application for Membership

Application for membership shall be made in writing by completion of this application form. The application must be approved by the Council of the Society. Membership status is valid only when subscription fees are fully paid.

(If appropriate proposers or seconders could not be located at the time of the application, please leave them blank.)

Subscription

1. Every new member should pay an entrance fee of HK\$ 300.
Every new associate member should pay an entrance fee of \$100.
2. Subscription for life membership for general members: HK\$3000.
Subscription for life membership for associate members: HK\$1000
3. Annual subscription for regular members: HK\$300.
Annual subscription for associate members: HK\$100.
4. The Society in General Meeting may from time to time resolve to change the amounts of entrance fee and subscriptions payable by members.
5. All annual subscriptions shall become due payable in advance on 1st January in every year for regular and associate members.

Personal Data

The personal data so provided are mainly for the use within the Society but they may also be disclosed to other relevant parties for the purposes mentioned in the Objects above. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

The Hong Kong Society for Ultrasound in Medicine

President: ***Dr Leung Kwok Yin***

First Vice President: ***Dr Lilian Leong***

Second Vice President: ***Dr. Adolphus KT Chau***

Honorary Treasurer: ***Dr Vincent Cheung***

Honorary Secretary: ***Dr WC Leung***

Scientific Officer: ***Dr TY Fung***

Address for correspondence:

The Hon Secretary, The Hong Kong Society for Ultrasound in Medicine
Department of Obstetrics & Gynaecology, Kwong Wah Hospital, Hong Kong

香港醫療超聲波學會

HONG KONG SOCIETY FOR ULTRASOUND IN MEDICINE

Membership Application Form

Please fill in the following in BLOCK letters

Name of Applicant: Prof / Dr / Mr / Miss _____

HK ID Number: _____ **Date of Birth:** _____

Speciality: _____

Type of practice: [] Hospital Authority [] University [] Private practice [] Others

Home Address: _____

_____ **Phone** _____

Office Address: _____

E-Mail Address: _____

Phone Number _____ **Fax Number** _____

I would prefer my *office / residential* address for correspondence.
(please delete one)

Please tick one box:

Life General member

Life Associate member

General member

Associate member

Name of Proposer: _____
(in block letters) (Signature) (Date)

Name of Seconder: _____
(in block letters) (Signature) (Date)

(Proposers and Seconders should be regular or life members of the Society. General members can act as proposers or seconders for applicants for either General or Associate members. Associate members can act as proposers or seconders for applicants of Associate members)

Professional Qualification(s) and Year(s) obtained:

Qualification	Year

For applicants for General membership,

Hong Kong Medical Council Registration Number: _____

For applicants for Associate membership, please tick appropriate box:

Hong Kong Nursing Council Registration Number: _____

Hong Kong Department of Health Radiographer Registration Number: _____

Relevant academic degrees and experience in ultrasound related research and development

Special discount or waive (if any) _____

Please make a cheque payable to “**The Hong Kong Society for Ultrasound in Medicine**” and send with the application form to:

Dr. WC Leung
Honorary Secretary,
The Hong Kong Society for Ultrasound in Medicine
c/o Department of O&G, Kwong Wah Hospital, Hong Kong.

Entrance fee: General member	HK\$300
Associate member	HK\$100
Annual subscription for General member	HK\$300
Annual subscription for Associate member	HK\$100
Life membership (General member) fee	HK\$3000
Life membership (Associate member) fee	HK\$1000

- For inquiry, please contact the Honorary Secretary.

I confirm that the above information is true.

Signature of Applicant

Date

(Official Use Only)

Application: Passed/ Declined by Council: _____ Date: _____

Membership: General / Associate Membership Number: _____

President: _____ Hon. Secretary: _____

Fees paid (verified by Hon Treasurer): _____

Applicant Notified: _____ Date: _____