

HONG KONG SOCIETY OF INBORN ERRORS OF METABOLISM

Membership Application Form

Dear Sir,

I wish to become a member of the Hong Kong Society of Inborn Errors of Metabolism. I hereby agree that, if elected, to abide by the rules and regulation of the Hong Kong Society of Inborn Errors of Metabolism.

FULL NAME: English _____ Chinese _____
(Surname first, block letters please)

Address for correspondence: _____

Sex: * Female/Male Tel: _____ Fax: _____

E-mail address: _____

Academic / Professional Qualifications (specify the Year obtained): _____

Present position: _____ Department/Hospital: _____

Relevant Working experience:

Applicant's Signature: _____ Date : _____

We declare that the above applicant is personally known to us, and the information listed above is genuine to the best of our knowledge, and we believe this applicant is a suitable person to be elected as a member of the Hong Kong Society of Inborn Errors of Metabolism.

Name of Proposer: _____
(In Block Letters) (Signature) (Date)

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(In Block Letters) (Signature) (Date)

Please return the completed application form to the Honorary Treasurer of HKSIEM.

Dr. Hencher LEE, Resident, Chemical Pathology Laboratory, Department of Pathology, Princess Margaret Hospital, Hong Kong with a crossed cheque for payment of current membership fee.

(HK \$200 for Full member, payable to Hong Kong Society of Inborn Errors of Metabolism).

* delete if appropriate

(OFFICIAL USE ONLY)

Passed/Declined by Council: Date _____ Membership: Full/ Associate

President: _____ Hon. Secretary: _____

Fees Paid (verified by Hon. Treasurer): _____