



香港愛滋病醫學會

HONG KONG SOCIETY FOR HIV MEDICINE

Membership registration form

Personal details

Prof/Dr/Mr/Mrs/Miss/Ms Surname: _____ First name: _____

Present appointment: _____

Institution: _____

Postal address: _____

Email address: _____@_____ Phone number: _____

Relevant HIV experience or work: _____

Membership category

Ordinary member: HKD200 per year or HKD2000 life membership

Eligibility: Medical practitioners who practices or are interested in HIV medicine.

Privilege: entitlement to vote, to hold office and to take part in all Society functions.

Associate member: HKD150 per year (no life membership)

Eligibility: Healthcare professionals other than doctors including nurses, pharmacists, medical laboratory technologists, occupational therapists, physiotherapists, clinical psychologists, dietitians who are involved or are interested in HIV medicine.

Privilege: entitlement to take part in all Society functions.

Affiliate member: no fees required

Eligibility: Non-healthcare professionals who are interested in HIV medicine

Privilege: receive news and updates from the Society, and participation in selected activities as decided by the council of the Society

Application proposed by HKSHM member: Name _____ Signature _____

Application seconded by HKSHM member: Name _____ Signature _____

Comments and suggestions

What do you expect from the Society (e.g. benefits, meetings, courses, education fund)?

Any other comments or suggestions for us to work on?

Date: _____

Please email the completed form to Dr Wilson Lam, Hon, Secretary, HKSHM at lwzz04@ha.org.hk

Data protection: Personal data provided by you will be used by the Hong Kong Society for HIV Medicine (HKSHM) only for the purposes of handling your application and activities related to HKSHM. Personal data in the application form, or copies of which, will be disclosed or transferred to parties relevant and necessary for the purposes as stated above only.