



# Hong Kong Society of Medical Genetics

## Membership Application Form

I wish to apply for  Ordinary,  Associate,  Associate (Overseas) Membership

Name: \*English \_\_\_\_\_ (\*Chinese \_\_\_\_\_)

\*Title: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_ \*Post: \_\_\_\_\_

\*Department: \_\_\_\_\_ \*Hospital/University/Institution/Office: \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Corresponding address if different from above: \_\_\_\_\_

\_\_\_\_\_

\*Telephone: (Office) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Home Fax: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

*\*must be completed*

### Academic/Professional Qualifications

<u>Institution /University</u>	<u>Degree</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Areas of special interest

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form with the appropriate fees (see next page) to:

Hong Kong Society of Medical Genetics  
c/o Dr Priscilla Poon, Hon Secretary  
Department of Chemical Pathology, CUHK  
The Prince of Wales Hospital  
Shatin, NT

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### *For official use only*

Recommendation: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Chairman: \_\_\_\_\_ Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_ (J.Fee: \_\_\_\_\_ M.Fee: \_\_\_\_\_)

## Information on Membership Application

1. The members of the Society are divided into:

a) **Honorary Life Member**

Any distinguished person who has rendered notable service to the Society or the advancement of medical genetics in Hong Kong. On the recommendation of the Council, they shall be elected by the majority vote at a general meeting. Honorary Life Members shall enjoy all the privileges of ordinary members.

b) **Ordinary Member**

Any medical practitioner, scientist, or technologist who has shown a continuous interest in clinical genetics for at least three years as evidenced by publications, teaching or attendance at conferences discussing medical genetic subjects, and is engaged in work related to medical genetics. The applicant shall be proposed and seconded by two Ordinary Members with final approval by the council. Ordinary Members are eligible for holding office and casting votes at meetings.

c) **Associate and Associate (Overseas) Members**

Any medical practitioner, scientist or technologist who is interested in medical genetics but is not otherwise qualified to be an Ordinary Member. Each Associate Member is required to take an active part in the affairs of the Society by regular attendance to its scientific meetings and by assisting to promote the objectives of the Society. The applicant shall be recommended by two ordinary members of the Society. Such members shall enjoy all the privileges of the Society except the power of holding office and voting.

2. **Membership fees** (with effect from 21 September 1998)

Joining fee	HK\$200
Ordinary Member	HK\$200/ year
Associate Member	HK\$150/ year
Associate (Overseas) Member	HK\$100/ year

3. **Information & Enquiry**

For more information, please visit the HKSMG homepage at: <http://hksmg.org/>

For enquiry, please email to [hksmg.com@gmail.com](mailto:hksmg.com@gmail.com)