

# THE HONG KONG SOCIETY OF CHILD NEUROLOGY AND DEVELOPMENTAL PAEDIATRICS

www.hkcndp.org

# **Application for Affiliate Membership**

				No	
PΙ	ease print				(For official use)
1	Type of membership	Affilia	te		
2	Name		(Block Letters)		
	Title				
	Chinese Name (If any)				Please affix one photo
3	Sex	<del>_</del>			
4	Hong Kong Identity Ca	rd Number			
	or Passport Number				
5	Nationality				
6	Office / Mailing Address	S			
	Telephone number				
	Fax number	-	E mail		
7	Home Address				
	Telephone number				
	Fax number				
8	Present Appointment				
	Type of practice	(a) Institutional (b) Private			
9	Date of Professional R	egistration (if applic	able)		

Publications  Are you currently a member of any professional organizations?  Yes / No	Qualification	Awarding Insti (Name, City ar		Date attained (Month / Year)
(Name, City and Country)  (Mon/yr)  (Publications  Are you currently a member of any professional organizations?  Yes / No  Yes, please state which:	Vorking Experience			
Publications  Are you currently a member of any professional organizations?  Yes / No  f yes, please state which:	Post	(Name, City and Country)	Supervisor	
Publications  Are you currently a member of any professional organizations?  Yes / No  If yes, please state which:				
Yes / No  If yes, please state which:	Publications			
If yes, please state which:				
Yes / No  If yes, please state which:	A		roninations?	
If yes, please state which:		ember of any professional or	ganizations?	
		ich:		
			pe of membership	Date of admission

	s true and correct.	
	Applicant's Signature	Date
5 <b>Propose</b> r		
I am a Full Member of the Hong Kong S	Society of Child Neurology and Developmental Pag	ediatrics.
I would like to propose admitting	as an affiliate member of the	Society.
	Name of Proposer (Block letters)	Signature
16 <b>Seconder</b>		Date
I am a Full Member of the Hong Kong S and I would like to second the proposal.	Society of Child Neurology and Developmental Page.	ediatrics
·		
	Name of Seconder (Block letters)	Signature
	Name of Seconder	
	Name of Seconder	Signature
	Name of Seconder	Signature
7 Approval by Council (for official use)	Name of Seconder	Signature

Note: Please return this application form to Honorary Secretary, The Hong Kong Society of Child Neurolgy and Developmental Paediatrics. Room 901, Manning House, 48 Queen's Road Central, Hong Kong.

Please note that the application can only be considered successful after receipt of your cheque <u>AND</u> the approval of the application by the council

# The Hong Kong Society of Child Neurology and Developmental Paediatrics

The Hong Kong Society of Child Neurology and Developmental Paediatrics is a professional society which aims to enhance the standard of practice of Child Neurology and Developmental Paediatrics, promote cooperation among medical professionals, and to act as advocates for children suffering from neurological and developmental disorders.

# Membership consists of:

# (A) Full Members

Fellow of the HK Academy of Medicine (Paediatrics) who has been certified by Developmental and Behavioral Paediatrics or Paediatric Neurology Subspecialty Board in the HK College of Paediatricians as fellow in the subspecialty.

# (B) Associate Members

Any medical doctor registered with the Hong Kong Medical Council, who has interest in the field of child neurology, developmental paediatrics and/or neurological sciences. Associate members shall enjoy all the privileges of full members except that they shall not have voting power or be eligible for any office.

#### (C) Honorary Members

Eminent personalities in the field of neurological sciences may be invited by the Council to be Honorary Members of the Society. Honorary Members shall enjoy all the privileges of full members except that they shall have no voting power nor be eligible for any office.

## (D) Affiliate Members

Any professional other than those listed in (A), (B) and (C) above, who has interest in the field of child neurology, developmental paediatrics and/or neurological sciences. Affiliate members shall enjoy all the privileges of full members except that they shall not have voting power or be eligible for any office.

# (E) Life Members

Full member who has applied and paid for 20 years of membership fee.

#### **Entrance fee and subscription fees**

Entrance fees for all members, except Honorary members, will be HK\$ 200. Annual subscription fees will be paid by Full Members, Associate Members and Affiliate Members, and shall be paid on the first day of January each year.

If the subscription is not paid by the next Annual General Meeting, the defaulter shall cease to be a member unless and until the subscription in arrears has been paid up in full. Honorary members do not have to pay any subscription.

	_Membership	Fee
Subscription fee:	Full	300
	Associate	200
	Affiliate	100
	Life	6000

## **Membership application**

Application for any type of membership shall be proposed by one Full member and seconded by another Full member. The application, together with the entrance fee and appropriate subscription fee, shall be submitted to the Honorary Secretary. Applicants shall be considered for admission at the regular meetings of the Council.