



**THE HONG KONG SOCIETY OF CHILD NEUROLOGY AND  
DEVELOPMENTAL PAEDIATRICS**

**www.hkcndp.org**

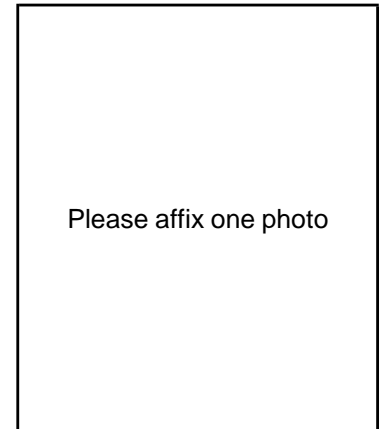
**Application for Affiliate Membership**

*Please print*

No

\_\_\_\_\_ (For official use)

- 1 Type of membership **Affiliate**
- 2 Name \_\_\_\_\_ (Block Letters)  
Title \_\_\_\_\_  
Chinese Name (If any) \_\_\_\_\_
- 3 Sex \_\_\_\_\_
- 4 Hong Kong Identity Card Number \_\_\_\_\_  
or Passport Number \_\_\_\_\_
- 5 Nationality \_\_\_\_\_
- 6 Office / Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
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 Registration (if applicable) \_\_\_\_\_



10 Qualifications (Academic / Professional)

Qualification	Awarding Institute (Name, City and Country)	Date attained (Month / Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11 Working Experience

Post	Institute (Name, City and Country)	Supervisor	Period (From - To) (Mon/yr)
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____

12 Publications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Are you currently a member of any professional organizations?

Yes / No

If yes, please state which:

Organization	Type of membership	Date of admission
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* For no 10-13, please add pages if necessary

14 I declare that all the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**15 Proposer**

I am a Full Member of the Hong Kong Society of Child Neurology and Developmental Paediatrics.

I would like to propose admitting \_\_\_\_\_ as an affiliate member of the Society.

\_\_\_\_\_  
Name of Proposer  
(Block letters)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**16 Secunder**

I am a Full Member of the Hong Kong Society of Child Neurology and Developmental Paediatrics and I would like to second the proposal.

\_\_\_\_\_  
Name of Secunder  
(Block letters)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**17 Approval by Council (for official use)**

\_\_\_\_\_  
Signature of Chairman

\_\_\_\_\_  
Date

*Note: Please return this application form to Honorary Secretary, The Hong Kong Society of Child Neurology and Developmental Paediatrics, c/o Central Kowloon Child Assessment Centre, 2/F, 147L Argyle Street, Kowloon City, Kowloon . Fax Number (852) 22445745.*

*Please note that the application can only be considered successful after receipt of your cheque AND 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.

	<u>Membership</u>	<u>Fee</u>
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.