



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

www.hkcndp.org

Application for Membership

No

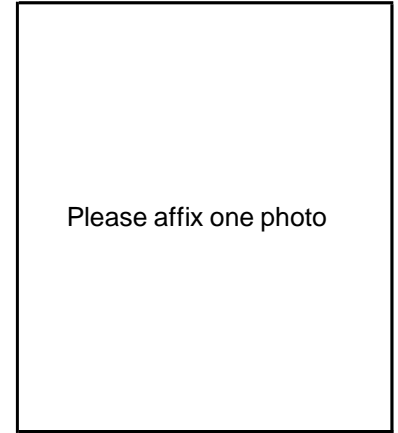
(For official use)

Please print

- 1 Type of membership _____ Full / Associate/ Life
- 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 full registration with the Hong Kong Medical Council _____



10 Qualifications (Academic / Professional)

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

11 Working Experience (including internship in chronological order) (add pages if necessary)

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

*13 Are you currently a member of any College of the Hong Kong Academy of Medicine?

Yes / No

If yes, please state what colleges:

College	Type of Membership	Date of admission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

** Applicants for Full/ Life membership should fill in these columns.*

Applicant's Signature

Date

15 Proposer

I am a Full Member of the Hong Kong Society of Child Neurology and Developmental Paediatrics. I have been acquainted with _____ (the applicant) for _____ year(s) and I certify him / her a medical practitioner of good conduct and he / she has met the requirement for admission as a Member (Full / Associate / Honorary/ Life) of the Society.

Name of Proposer
(Block letters)

Signature

Date

16 Seconder

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 Seconder
(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.

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>Memberships</u>	<u>Fee (HK\$)</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.