



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

www.hkcndp.org

Application for Elevation to Full / Life Membership

No

(For official use)

Please print

1 Type of membership Full / Life Member

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 admission as PN or DBP Fellow: _____

Signature of Applicant

Date

Note:

1. *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 .*
2. *Please enclose a photocopy of the certificate of PN or DBP Fellowship issued by the HK College of Paediatricians.*
3. *For application of full membership, the annual fee of full membership (HK \$ 300) will be charged next year.*
4. *For application of life membership, please send a cheque of HK\$ 6,000 payable to "The Hong Kong Society of Child Neurology and Developmental Paediatrics" together with your application form.*