



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

www.hkcndp.org

Application for Membership

No. _____
(For official use)

Type of membership ☐ Full ☐ Associate ☐ Life ☐ Affiliate

Title ☐ Professor ☐ Dr. ☐ Ms. ☐ Mr.

Name _____ (Block Letters) Chinese Name (If any) _____ Sex _____

Current profession ☐ Doctor ☐ Clinical psychologist ☐ Nurse ☐ Physiotherapist ☐ Occupational therapist
☐ Speech therapist ☐ Education psychologist ☐ others _____

HK medical council/ professional board registration no. _____

Academic and Professional Qualification

Qualification	Awarding Institute (Name, City and Country)	Year attained

Present employment/ affiliations _____

Relevant working experience

Post	Institute	Period

Contacts:

E mail _____ Phone no. _____

Correspondence address _____

Applicant's Signature

Date

Applicants should name one referee (must be HKCNDP members) to support their membership application. For applicants who do not have a referee, please submit a copy of your registration certificate or proof of academic qualifications.

Referee (HKCNDP member)

Name: _____ Email: _____ Signature: _____