香港神經外科學會有限公司
THE HONG KONG NEUROSURGICAL SOCIETY LIMITED
Room AB1062, 1/F, Main Block, Tuen Mun Hospital, 23 Tsing Chung Koon Road, Tuen Mun, Hong Kong
Website : www.ns.org.hk Tel: (852) 2468 5402 Email:masls@ha.org.hk

# Affiliate Membership Registration Form

PHOTO

**Name :** ___Dr./Mr./Mrs./Ms._____( )

**Office Address :** _____

_____

**Office Tel. No. :** _____ **Fax. No. :** _____

**Mobile Phone No. :** _____ **E-mail Address :** _____

**Professional Qualifications (with year) :** _____

_____

**Other Academic Societies :** _____

**Present Post :** _____

**Relevant experience in handling CNS diseases :** _____

_____

***I *do/do not object to disclosing my personal data to other parties for the purpose to facilitate scociety activites, scientific exchange and relevant scoial activites with Federation of Medical Societies and the like.***

***Date of application:*** _____ ***Applicant's Signature:*** _____

***Seconded by: (a member / affiliated member)***

***Names:*** _____ ***Signature:*** _____

*(For affiliate nurse member, you will automatically be member of the Nurse Chaper.)*

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**For Official Use:**
**Approved by:**_____ **Date:** _____
**Inform applicant on:** _____