



香港泌尿婦科協會
HKUGA

2011-2012 Membership Application / Renewal Form

Please “✓” as appropriate:

New Membership Application

Membership Renewal (**NO NEED** to fill in the followings again if no change in information)

Name: _____ Chinese Name: _____

Specialty: _____ Hospital: _____

Mailing Address: _____

Telephone No.: _____ Email Address: _____

Fax No.: _____

Payment method:

1. HKD Cheque (For Hong Kong participants only)

payable to “The Hong Kong Urogynaecology Association Ltd”

Bank: _____ Cheque No.: _____ Amount: _____

2. Credit Card: (In HKD only)

Visa Master

I authorize “The Hong Kong Urogynaecology Association Ltd” to debit my credit card in the amount of HKD _____

Credit Card No.: _____ Expiry date: (mm / yy) _____

Authorization code: _____

Cardholder's Name: _____ Cardholder's signature: _____

Membership will be valid till 30th April 2012

Signature: _____

Date: _____

Annual subscription for Regular:

HK\$150

Life membership fee:

HK\$2000

Please return the completed form and cheque to our association to the following address:

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Dr. Cheon Willy, Cecilia

President of Hong Kong Urogynaecology Association Ltd

c/o Department of O&G, Queen Elizabeth Hospital

30 Gascoigne Road, Kowloon, Hong Kong