



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

Application for membership (including chapters)

Name : _____ Chinese Name: _____
(First name) (Last name)

President
Dr. K. Y. Fung 馮貴游 醫生
Sex : _____ Age : _____
Profession : _____ : Orthopaedic surgeon / Clinician / Allied Health/ Nurse
Business Address : _____

Vice-President
Dr. K. P. Chan, Brian 陳國培 醫生
Tel (office) _____ (Home) _____
E-mail Address : _____ Fax _____
Correspondence Address : _____

President-Elect
Dr. S. F. Yip, Henry 葉少輝 醫生
Qualifications (with dates): _____

Honorary Secretary
Dr. N. M. Wong, Raymond 黃能文 醫生
Professional Experience : _____
(with dates) _____

Honorary Treasurer
Dr. C. F. Chan, Samson 陳智輝 醫生
Apply for : Ordinary Member HK\$300 Associate Member HK\$200
Fellow HK\$500 Corresponding Fellow HK\$500
Life Fellow HK\$2,500
Chapters: Paed Ortho Chapter HK\$200 Sports Med Chapter HK\$200
Spine Chapter HK\$200

Council Members
Dr. C. K. Cheng, James (Immediate Past President) 鄭仲傑 醫生
Date : _____ Signature _____ (Applicant)
Proposer : _____ Signature _____
Seconder : _____ Signature _____

Dr. W. L. Chan, 陳偉霖 醫生 (Proposer & Seconder must be Fellow of the Association)
(Application for Life Fellow & Corresponding Fellow does not require Proposer or Seconder)

Dr. H. P. Ho, Henry 何浩柏 醫生
Dr. K. L. Leung, Frankie 梁加利 醫生
Please return the form with cheque payable to "The Hong Kong Orthopaedic Association"
or credit card authorization form to: Dr Raymond Wong, Honorary Secretary, HKOA
c/o Dept. of Orthopaedics & Traumatology, United Christian Hospital, Kln., Hong Kong
Tel.: (852) 3513 4842 Fax: (852) 3513 5592 Website: www.hkoa.org

Dr. K. M. Poon 潘啟明 醫生
Dr. H. L. Wong 黃學良 醫生
Payment method (Please √):
 By cheque made payable to "The Hong Kong Orthopaedic Association"
Cheque Number: _____ Bank: _____
 By credit card (Please √) VISA Master
(Please complete the attached credit card payment authorization form.)

Honorary Legal Advisor
Mr. Jacob Tse 謝銳蓀 律師

Honorary Auditor
M. B. Lee & Co.
李文彬 會計師事務所

For Office Use Only

Category of Membership Ordinary Member Associate Member
Fellow Corresponding Fellow
Life Fellow POC SMC SC

Council Meeting on: _____ Secretary: _____



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馮貴游 醫生

Name: _____

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陳國培 醫生

Credit Card Payment Authorisation Form



President-Elect

Dr. S. F. Yip, Henry
葉少輝 醫生

I hereby authorise the Hong Kong Orthopaedic Association to debit the following credit card in the total amount indicated below for payment of the membership fee.

Honorary Secretary

Dr. N. M. Wong, Raymond
黃能文 醫生

Paying Card Number: _____ / _____ / _____

Honorary Treasurer

Dr. C. F. Chan, Samson
陳智輝 醫生

Paying Cardmember Name: _____
(As shown on card)

Council Members

Dr. C. K. Cheng, James
(Immediate Past
President)
鄭仲傑 醫生

Total Amount to be Debited: _____ HK\$

Expiry Date: _____ (M) _____ (Y)

Dr. W. L. Chan,
陳偉霖 醫生

Paying Cardmember Contact: _____ Tel: _____

Dr. H. P. Ho, Henry
何浩柏 醫生

Authorised Signature: _____ Date: _____

Dr. K. L. Leung, Frankie
梁加利 醫生

Dr. K. M. Poon
潘啟明 醫生

Dr. H. L. Wong
黃學良 醫生

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