



香港骨科醫學會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

2025 – 2026

Membership Application Form (2025-2026)

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Honorary Legal Advisor

Mr. William Chan
陳璋宗 律師

Honorary Auditor

M. B. Lee & Co.
李文彬會計師事務所

Name (Eng): _____ Name (Chi): _____

Title: Prof. / Dr. / Mr. / Ms. Sex: _____ Age: _____

Profession: Orthopaedic surgeon / Clinician / Allied Health / Nurse

Institute / Hospital: _____

Business Address: _____

Tel (Office): _____ Home / Mobile: _____

E-mail Address: _____

Correspondence Address: _____

Qualifications (with dates): _____

Professional Experience (with dates): _____

Apply for:

- Associate Member HK\$200
- Ordinary Member HK\$300
- Fellow HK\$500
- Corresponding Fellow HK\$500
- Life Fellow HK\$2,500

Chapters: (For Ordinary Members or Fellows)

Paed Ortho Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000
Sports Med Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000
Spine Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000
Adult Joint Reconstruction Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000
Foot & Ankle Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000
Orthopaedic Oncology Chapter	2025-2026 Biennial Subscription	<input type="checkbox"/> HK \$200
	Life Member Subscription (<i>Fellows Only</i>)	<input type="checkbox"/> HK\$1000

Payment Method

Credit Card Payment:

Please complete the Credit Card Payment Authorization Form and send to the Honorary Secretary

Applicant Name: _____ Signature: _____ Date: _____

Proposer Name: _____ Hospital: _____
Proposer Signature: _____ Date: _____

Seconder Name: _____ Hospital: _____
Seconder Signature: _____ Date: _____

(Proposer & Seconder must be Fellow of the Association)
(Application for Life Fellow & Corresponding Fellow DOES NOT require Proposer or Seconder)