



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

2025 – 2026

Dear Fellows, Members and Associate Members,

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Dr. K.K. Wong
黃淦剛 醫生

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余冠文 醫生

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(Immediate Past President)
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黃文揚 醫生

Honorary Legal Advisor

Mr. William Chan
陳瑋宗 律師

Honorary Auditor

M. B. Lee & Co.
李文彬會計師事務所

On behalf of the new Council, I wish you all the best in the year of 2025. Your continuous support remains indispensable to the Association. You are cordially reminded to renew your membership subscription in order to enjoy the privileges of the HKOA. In Addition, we also collect the Chapter Membership Fees on behalf of our **Six Chapters**. Please fill in the following information together with the Credit Card Payment Authorization Form for your membership renewal. Thank you and we look forward to seeing you all in the upcoming HKOA events.

Yours Sincerely,

Dr. Keith Wan
Honorary Secretary, HKOA

Prof. / Dr. / Mr. / Ms.: _____

Address: _____

Mobile: _____

Office Tel: _____

Fax: _____

E-mail: _____

Please also tick (✓) the following box if you have changed your contact information:

For doctors, please delete as appropriate: I **agree / do not agree** to publish my registered address and information on the HKOA website under HKOA Member Doctors' Directory.

If you would like to renew your subscription to the Association and Chapters, please tick (✓) the appropriate box below:

2025-2026 Biennial Subscription

- HK\$200 for Associate Member
- HK\$300 for Member
- HK\$500 for Fellow
- HK\$2500 for Life Fellow (New application)

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 (**Please specify on the envelope: HKOA Membership Renewal**)

Merchant Information

Merchant Name: The Hong Kong Orthopaedic Association

Contact Person : Ms. Eva Liu

Tel : 2255-4257

Fax : 2817-4392

Address : c/o Dept of O & T, 5/F Professorial Block, QMH, Pokfulam, Hong Kong

Authorization Form



I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of membership fee

Credit Card Information

Credit Card Number : CVV2 / CVC2* : (Last three digit on card's signature panel 背後簽名欄上的最後3位數字)

Cardholder Name : _____

Expiry date : (MM / YY)

Issuing Bank : _____

Products Description : HKOA Membership Fee

Total amount : HK\$ _____

Cardholder signature : _____
(Same as the signature planet of the Card)

Date : _____