



# 香 港 骨 科 醫 學 會

## THE HONG KONG ORTHOPAEDIC ASSOCIATION

2025 – 2026

### HKOA Golf Tournament Day (2025) The 23<sup>rd</sup> Arthur Yau Memorial Cup Application Form

**President**

Dr. K.K. Wong  
黃淦剛 醫生

To: Dr. Sieh Koon Man, Vice President, HKOA 2025-2026  
Fax No.: 2817 4392

**Vice-President**

Dr. K.M. Sieh  
余冠文 醫生

I would like to join the HKOA Golf Tournament Day on **9<sup>th</sup> April 2025 (Wed)**.

**President-Elect**

Dr. C.H. Wong  
黃創興 醫生

Please reserve Tee-time for me / my spouse. (Please submit separate copy of application form for your spouse)

**Honorary Secretary**

Dr. Keith H.M. Wan  
尹希文 醫生

Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

**Honorary Treasurer**

Dr. Michael T.Y. Ong  
王添欣 醫生

Tel. No.: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Member of Hong Kong Clear Water Bay Golf & Country Club (CWBGCC):**

**Council Members**

Dr. C.H. Yan  
(Immediate Past President)  
忻振凱 醫生

\*Yes / No

\* I will / will not join the post-tournament dinner, prize-giving ceremony, and lucky draw.

Dr. Henry Fu  
傅俊謙 醫生

My club handicap is \_\_\_\_\_ (HKGC / DBGCC / CWBGCC / others\*).  
*If handicap is not indicated, it will be assigned by the golf committee using your previous tournament result(s) as reference.*

Dr. Albert Y.C. Hsu  
許榕澤 醫生

**Application Fee:**

Dr. Peter H.M. Li  
李浩銘 醫生

Member of CWBGCC                      HKD500 per person  
Non-member of CWBGCC              HKD1,500 per person

*(Tee-time shall not be reserved until payment authorization form is submitted)*

Dr. Ophelia Y.T. Wan  
溫宇婷 醫生

**Credit Card Payment Only**

Dr. Ronald M.Y. Wong  
黃文揚 醫生

I hereby enclose the completed credit card payment authorization form.  
*(Cheque or other forms of electronic payment is not accepted)*

**Honorary Legal Advisor**

Mr. William Chan  
陳璋宗 律師

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please delete as inappropriate*

**Honorary Auditor**

M. B. Lee & Co.  
李文彬會計師事務所

**Please submit the filled application form together with the enclosed payment authorization form by fax to 2817 4392 / email: [secretary@hkoa.org](mailto:secretary@hkoa.org) no later than 15**

**March 2025.**