

Account number: 855000401175014

Please email the completed form and payment proof to

SAHK Secretariat (secretariat@wittsnpartners.com).

香港麻醉科學會有限公司

The Society of Anaesthetists of Hong Kong Limited

2023 Membership Application / Renewal Form

I, the undersigned, wish to [apply/renew]* for [Ordinary/Ordinary (Trainee)/Associate/ Life membership]* of The Society of Anaesthetists of Hong Kong Limited ("SAHK"); and hereby furnish to the Council the required information in this form. *please delete as appropriate

| Part A: Personal P. Name: | artic | ulars | | |
|--|-------|--|---|--|
| | Dlag | Please underline family name Gender F / M Please circle as appropriate | | |
| State of Practice: Please tick in the appropriate box | | | Hong Kong; and my hospital/ins | |
| | | I am now practicing ov I am not practicing an | | |
| Qualification(s): | | | | |
| Email Address: | | | Mobile: | |
| Mailing Address: | | | | |
| | | ership Application only ary Members support my | | |
| Name: | Jame: | | Signature: | |
| Name: | Name: | | Signature: | |
| I,constitution of SAH | IK an | [legal full name of the rules and regulation | of the new membership applicant, hereby | declare that I will observe the rom time to time. |
| Signature of the Applicant: | | nt: | Date: | |
| Part C: Membersh | ip Fe | e Schedule | | |
| Ordinary Member | | | HK\$150/year | |
| Ordinary Member (trainee) | | | HK\$75/year (fee waived for novice trainee in first year) | |
| Associate Member (non-anaesthetist) Life membership (fellow) | | | HK\$75/year HK\$1500 (one-off) | |
| Payment Methods: | | | | |
| Via direct bank transfer: | | | By cheque: | By FPS: |
| Bank name: China Construction Bank (Asia) Corporation Limited Account name: The Society of Anaesthetists of Hong Kong Limited Bank code: 009 | | | Post a crossed cheque payable to "The Society of Anaesthetists of Hong Kong Limited" (with your full name and phone | Pay with the FPS Number 169342946 or scan the QR code below then email the payment proof to SAHK Secretariat |

All information provided in this form will be used by SAHK for the purposes of member administration, internal promotion and any other legitimate purposes as may be required, authorized or permitted by law. You have a right to request access to and correction of your personal data kept by SAHK. If you wish to exercise these rights, please email SAHK Secretariat at secretariat@wittsnpartners.com.

Kowloon, Hong Kong

number on the backside of the cheque) and

the completed form to SAHK Secretariat at Unit 1612, 16/F, Concordia Plaza, 1

Science Museum Road, Tsim Sha Tsui,

(secretariat@wittsnpartners.com)