

HONG KONG SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS

c/o Transplantation & Immunogenetics, 7th Floor, Clinical Pathology Building, Queen Mary Hospital,
Pokfulam Road, Hong Kong.

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APPLICATION FORM FOR COMPANY MEMBERSHIP

COMPANY NAME

Contact Personnel

SURNAME: Mr/Miss/Mrs/Dr/Prof _____ GIVEN NAME: _____

CORRESPONDENCE ADDRESS:

TELEPHONE NO.: _____ FAX NO.: _____

JOB TITLE: _____ EMAIL: _____

AREAS OF HISTOCOMPATIBILITY & IMMUNOGENETICS RELATED BUSINESS:

Annual Subscription Fee : HK\$6,000 or USD750

(Please make cheque payable to Hong Kong Society for Histocompatibility and Immunogenetics Limited)

I DECLARE THAT THE STATEMENTS ON THIS FORM ARE CORRECT.

DATE: _____ SIGNATURE: _____

For Official use only

Proposer Name: _____

Signature: _____

Secunder Name: _____

Signature: _____

Approved Rejected

Membership Class: _____ Membership No.: _____