

HONG KONG SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS Ltd

c/o Transplantation & Immunogenetics, 7th Floor, Clinical Pathology Building,

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APPLICATION FORM FOR MEMBERSHIP

CLASS OF MEMBERSHIP APPLIED: FELLOW / ASSOCIATE / OVERSEAS

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

NAME IN CHINESE (if any): _____

CORRESPONDENCE ADDRESS:

CONTACT NO.: _____ FAX NO.: _____

NAME AND PLACE OF WORK:

JOB TITLE: _____ EMAIL: _____

YEAR OF SERVICE IN THIS JOB: _____

AREAS OF SPECIAL INTEREST: _____

ACADEMIC & PROFESSIONAL QUALIFICATION:

Proposer Name: _____

Signature: _____

Secunder Name: _____

Signature: _____

Annual Subscription Fee :

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

Fellow HK\$150

Associate HK\$100

Overseas USD20

I DECLARE THAT THE STATEMENTS ON THIS FORM ARE CORRECT.

DATE: _____ SIGNATURE: _____

For Official use only

Approved Rejected

Membership Class: _____