



THE HONG KONG SOCIETY FOR EMERGENCY MEDICINE AND SURGERY

LIFE MEMBERSHIP REGISTRATION FORM

*NAME : _____
(in block letters) (in Chinese)
(As appeared on your HK ID Card or traveling Document)

For Office Use :

(Membership No.)

*SEX: _____ *Birth Date (DD/MM/YYYY): _____ *HKID : _____

*MEMBERSHIP (please cross where appropriate)

• **LIFE FULL MEMBER** (for doctors only) Rank :(please specify) _____

Specialty : Emergency Medicine Others (please specify) _____

• **LIFE AFFILIATED MEMBER** Rank :(please specify) _____

Profession: Nurse Paramedic Medical Student Others (please specify) _____

*OFFICE ADDRESS: _____

Hospital (if applicable): _____ Office Tel: _____ Office Fax: _____

* CORRESPONDENCE ADDRESS: _____

* Mobile Phone : _____ * E-mail: _____

* I do need the receipt / do not need the receipt for membership fee.

* PERSONAL DATA OPTIONS

1. Would you like your name to be listed on the website? YES NO
2. Would you like your profession to be listed on the website? YES NO
3. Would you like your email address to be listed on the website? YES NO
4. Would you like your membership number to be listed on the website? YES NO

* *Mandatory items to be filled on submission of this form*

PERSONAL DATA (PRIVACY) ORDINANCE NOTICE

Persons who supply data in their application to the Hong Kong Society for Emergency Medicine and Surgery ("HKSEMS") are advised to note the following points pursuant to the Personal Data (Privacy) Ordinance.

1. Personal data provided in this application form will be used solely for the purpose of assessment for membership application, and in this connection the data herein will be dealt with by the HKSEMS Council Members and Secretariat.
2. After an application for membership has been duly processed, the application papers of the candidates will be retained in a file established by the HKSEMS for each applicant. Such information will be retained by HKSEMS for as long as it deems necessary or useful.
3. Under the provisions of the Personal Data (Privacy) Ordinance, an applicant has the right to request access to, and the correction of, his/her personal data as retained by the HKSEMS. Applicants wishing to access or make corrections to their data should submit written requests to the Secretariat of HKSEMS.
4. The personal data policy statement of our Society can be assessed at <http://www.hksems.org.hk>.

DECLARATION

1. I have read and agreed to the Personal Data (Privacy) Ordinance Notice.
2. I authorize the HKSEMS, its Council Members and Secretariat to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application for membership.
3. I understand that my data will become a part of the HKSEMS's files and may be used for all purposes deemed necessary or useful by the HKSEMS.

*** I declare that I have been a member of the Society since year _____ for at least 1 year.**

***DATE:** _____

***SIGNATURE:** _____

All HKSEMS members will receive the electronic copy of Hong Kong Journal of Emergency Medicine.

Please complete this form in BLOCK LETTERS and return with the membership fee to HKSEMS Secretariat at **Rm 809, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong**

According to Article 4 b of the M&A of the Society, **Full and Affiliated Members can choose to be Life Members after they have been a Member of the Society for ONE year and pay the appropriate fees amounting FIVE times the current annual subscription of that particular category.**

Please notify in future any change of particulars to the Society via the Society's E-mail address (**hksems@gmail.com**) or by letter to HKSEMS Secretariat at the above address.

Visit the Society's home page (**www.hksems.org.hk**) for more information.

Please enclose a crossed cheque (cheque no. _____ of Bank _____) for the membership fee, payable to:-

"Hong Kong Society for Emergency Medicine and Surgery LTD"
Life Full member (for doctors only) : HK\$1000.00
Life Affiliated member : HK\$500.00

All information will be kept confidential.