



THE HONG KONG SOCIETY FOR  
EMERGENCY MEDICINE AND SURGERY

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MEMBERSHIP REGISTRATION / RENEWAL FORM

1<sup>ST</sup> JAN – 31<sup>ST</sup> DEC OF THE YEAR 20 \_\_\_\_

\*NAME : \_\_\_\_\_

(in block letters)

(in Chinese)

(As appeared on your HK ID Card or traveling Document)

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

For Office Use :  
  
(Membership No.)

\*MEMBERSHIP (  please cross where appropriate)

• FULL MEMBER (for doctors only) Rank :(please specify) \_\_\_\_\_

Specialty :  Emergency Medicine  Others (please specify) \_\_\_\_\_

• AFFILIATED MEMBER Rank :(please specify) \_\_\_\_\_

Profession:  Nurse  Paramedic  Medical Student  Others (please specify) \_\_\_\_\_

New Application:  Membership Renewal:

\*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.

\*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](mailto:hksems@gmail.com)) or by letter to HKSEMS Secretariat at the above address.  
Visit the Society's home page ([www.hksems.org.hk](http://www.hksems.org.hk)) for more information.

**Remember to send your annual subscription fee to renew your membership with this form before 31<sup>st</sup> of December each year.**

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

***"Hong Kong Society for Emergency Medicine and Surgery LTD"***  
**Full member (for doctors only) : HK\$200.00**  
**Affiliated member : HK\$100.00**

**All information will be kept confidential.**