

**THE HONG KONG SOCIETY OF ENDOUROLOGY (HKSE)  
MEMBERSHIP APPLICATION / RENEWAL**

I hereby apply for \*admission / renewal as an \*Ordinary / Associate Member of the Hong Kong Society of Endourology for the year \_\_\_\_\_.

Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_ Name in Chinese \_\_\_\_\_  
(If applicable)

Title \* Prof/Dr/Mr/Ms/Others \_\_\_\_\_ Sex \*M/F Date of Birth (DD/MM/YY) \_\_\_ / \_\_\_ / \_\_\_

Registered Urologist in Hong Kong? \*Yes / No Year of first registration \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_ E-mail \_\_\_\_\_

Office Address \_\_\_\_\_

*Address for correspondence \* Home / Office*

Academic and Professional Qualifications:

Degrees / Qualifications	Name of Institution	Year of Award

Current Practice:

\* University / Hospital Authority / Private Practice / Others (please specify) \_\_\_\_\_

I certify that the information provided by me in support of this application is accurate and complete. I understand that the Council of the Society shall have absolute discretion to accept or reject my application. I also enclose the annual fee (crossed cheque made payable to **Hong Kong Society of Endourology Ltd**).

Ordinary member (Urologist) HK\$200.00

Associate member (Trainee / Nurse) HK\$100.00

(Cheque Number \_\_\_\_\_ Bank \_\_\_\_\_ )

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please return the form by mail to: Ms. PY HUI*

*c/o E3/DSU, 11 Chuen On Road, Alice Ho Miu Ling Nethersole Hospital, Tai Po*

*Enquiry: Tel.2689 3054 Fax.2667 0745 Email: [hksesecretary@gmail.com](mailto:hksesecretary@gmail.com)*

*\*Delete as appropriate*