

## Membership registration form

Personal details		
Prof/Dr/Mr/Mrs/Miss/Ms Surname:		First name:
Present appointment:		
Institution:		
Postal address:		
Email address:@		Phone number:
Relevant HIV experience or work:		
Membership category		
Ordinary member: HKD200 per year or HKD2000 life membership ☐  Eligibility: Medical practitioners who practices or are interested in HIV medicine.  Privilege: entitlement to vote, to hold office and to take part in all Society functions.  Associate member: HKD150 per year (no life membership) ☐  Eligibility: Healthcare professionals other than doctors including nurses, pharmacists, medical laboratory technologists, occupational therapists, physiotherapists, clinical psychologists, dietitians who are involved or are interested in HIV medicine.  Privilege: entitlement to take part in all Society functions.  Affiliate member: no fees required ☐  Eligibility: Non-healthcare professionals who are interested in HIV medicine  Privilege: receive news and updates from the Society, and participation in selected activities as decided by the council of the Society		
Application proposed by HKSHM member:	Name	Signature
Application seconded by HKSHM member:	Name	Signature
Comments and suggestions		
What do you expect from the Society (e.g. benefits, meetings, courses, education fund)?		
Any other comments or suggestions for us to work on?		
		Date:

Please email the completed form to the Honorary Secretary (HKSHM) at hkshm2016@gmail.com.

Personal data collection statement: Personal data provided by you will be used by the Hong Kong Society for HIV Medicine (HKSHM) only for the purposes of handling your application and activities related to HKSHM. Personal data in the application form, or copies of which, will be disclosed or transferred parties relevant and necessary for the purposes as stated above only.