



The Hong Kong Society of Interventional & Therapeutic Neuroradiology Ltd

APPLICATION FOR MEMBERSHIP

- | |
|---|
| <input type="checkbox"/> Senior member |
| <input type="checkbox"/> Ordinary member |
| <input type="checkbox"/> Associate member |

Surname _____ Given Name(s) _____

Name in Chinese _____ Sex _____ Date of Birth _____

Specialty _____ Position/Occupation _____

Institute _____

Address : Office _____

_____ Tel No. _____

Residence _____

_____ Tel No. _____

Fax _____ Mobile _____ Pager _____ Email _____

➤ *Address for Correspondence* : Office Residence (Please tick ONE only)

Basic Medical Qualification and Date obtained _____

Professional Qualifications _____ Date obtained _____

Current Practice : Hospital Authority University (*HKU / CUHK delete as appropriate)

Private - Date of commencement of practice : _____

_____ % devoted to interventional neuroradiology

_____ interventional neuroradiology cases in the past 12 months

- ❖ For senior and ordinary membership application, the Proposer and Seconder must be Senior member of the Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd
- ❖ For associate membership application, the Proposer and Seconder must be Senior member / ordinary member of the Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd

I hereby declare that I have known the applicant for two years and the information submitted by the applicant is to the best of my knowledge, truthful and correct.

Name of Proposer (in BLOCK letters)

Signature of Proposer

Institution/contact number _____

Name of Seconder (in BLOCK letters)

Signature of Seconder

Institution/contact number _____

I hereby declare that I agree to provide the above information to the Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd and certify that the information provided by me in support of this application is accurate and complete.

Signature of Applicant

Date

Personal Information Collection Statement

1. The information provided by me will be used for purposes relating to the application for membership registration.
2. The Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd. may give all or some of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, I have a right of access and correction with respect to personal data.
4. The Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd. shall use the personal data provided by means of this form for processing of my application and to facilitate communication between the Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd and myself.
5. **Further, I hereby** **consent** **do not consent** **to the release of my personal correspondence with the Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd to other Interventional Neuroradiology related bodies.**

Please send application to :

Dr. Lee Raymand
 The Honorary Secretary
 The Hong Kong Society of Interventional and Therapeutic Neuroradiology Ltd
 Department of Radiology, Queen Mary Hospital
 102 Pokfulam Road, Hong Kong

FOR OFFICE USE

Admitted as **Senior Member** **Ordinary Member** **Associate Member**

Approved by Council on _____
 (Date)

Form received: _____

Amount received: HK\$: _____

Registration No.: _____

Receipt No.: _____

**APPLICATION FOR THE MEMBERSHIP OF
THE HONG KONG SOCIETY OF INTERVENTIONAL AND THERAPEUTIC NEURORADIOLOGY
LTD**

IMPORTANT NOTICE

Please note that you are required to :

- 1) Complete all the information required in the application form.
- 2) For Senior and Ordinary membership application, the Proposer and Seconder must be Senior Members of The Society of Interventional and Therapeutic Neuroradiology Ltd
- 3) For Associate membership application, the Proposer and Seconder must be Senior or Ordinary members of The Society of Interventional and Therapeutic Neuroradiology Ltd
- 4) Senior/Ordinary Membership Documentation required
 - a. Completed application form and
 - b. Case log documentation
- 5) Do not send any cheque. You will be notified to pay for the membership fees once your membership application has been endorsed.

Annual Subscription: Senior Member: HK\$300
Ordinary Member: HK\$200
Associate Member: HK\$100

Senior Members

- (i) A medical practitioner registered or deemed to be registered under the Medical Registration Ordinance (Cap.161); and
- (ii) A specialist in radiology, a specialist in neurosurgery, or a specialist in neurology who is actively engaged in the practice of interventional and therapeutic neuroradiology; and
- (iii) has performed at least 50 interventional and therapeutic neuroradiology procedures cumulatively up to the date of his application and
- (iv). is a fellow of the Hong Kong Academy of Medicine

Ordinary members:

- (i) A medical practitioner registered or deemed to be registered under the Medical Registration Ordinance (Cap.161); and
- (ii) practicing radiology, neurosurgery, or neurology, who is actively engaged in the practice of interventional and therapeutic neuroradiology; and
- (iii). is a fellow of the Hong Kong Academy of Medicine or a member or fellow of the Hong Kong College of Radiologists or a fellow of the College of Surgeons in the subspecialty of Neurosurgery, or a member or fellow of the Hong Kong College of Physicians in the subspecialty in Neurology.

Associate Members

- (i).a medical doctor registered in Hong Kong, or
- (ii).a nurse registered in Hong Kong, or
- (iii).a radiographer registered in Hong Kong

The Society will not be able to process any application, which fails to provide complete information and the required documents.

For enquiry, please contact (Tel) 25220381 / (Fax) 25220391 / (Email) dr.kmleung@gmail.com

(Revised March 2014)