Hong Kong Society for Simulation in Healthcare
香港醫療模擬學會

Membership Application Form

(Please use BLOCK LETTERS)

PERSONAL DETAILS

Name : _____ Chinese *(if available)* : _____
(Title, Surname, Given Name)

E-mail Address : _____

Mailing Address : _____

_____

Tel. : _____ Fax : _____

Current Institute / Private of Employment : _____ Current Post : _____

Healthcare Specialty / Industry / Education : _____ Years of Experience : _____

Please share with us your interest in medical simulation in healthcare :

_____

_____

I, _____, hereby certify that all the information recorded in this Application Form is, to my best knowledge, TRUE and ACCURATE.

Signature: _____ Date: _____

Note : *(please tick as appropriate)*

1. Information will be kept confidential and used only for administrative purposes.
2. Completed Application Form, together with a cross cheque of

☐ HK$100 being the annual subscription fee
☐ HK$1,000 being the life member subscription fee

made payable to "**Hong Kong Society for Simulation in Healthcare Limited**" shall be returned to
Hong Kong Society for Simulation in Healthcare Limited
P.O. Box 49
Fo Tan Post Office

OFFICE USE ONLY

Received by : _____ Date : _____

Date of Issue : _____ Expiry Date : _____

Secretariat : c/o Ms John Cheung (Tel : 3568 9009; Fax : 3568 9008)
Hong Kong Society of Simulation in Healthcare Limited, P.O. Box 49, Fo Tan Post Office
www.hkssih.org.hk