



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
c/o The Hong Kong College of Anaesthesiologists
Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

OFFICE USE ONLY

Received by : _____ Date : _____

Date of Issue : _____ Expiry Date : _____