



# Hong Kong Society for Simulation in Healthcare

## 香港醫療模擬學會

### Membership Application Form

#### PERSONAL DETAILS

Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_  
(Title, Surname, Given Name)

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Current institute of employment: \_\_\_\_\_

Current Post: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Healthcare Specialty/Industry/Education: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

*Type of membership application (please tick):*

- HK\$100 being the annual subscription fee OR  
 HK\$1,000 being the life member subscription fee

*Declaration:*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note:

- Information will be kept confidential and used only for administrative purposes
- Method of submission:

<p>A. Mail the completed form, together with a crossed cheque made payable to "Hong Kong Society for Simulation in Healthcare Limited" to</p> <p><b>Hong Kong Society for Simulation in Healthcare Limited, P.O. Box 49, Fotan, Post Office</b></p>	<p>B. Email the completed form, together with a softcopy of bank transfer receipt to <a href="mailto:hkssih.pr@gmail.com">hkssih.pr@gmail.com</a></p> <p><b>Bank of China: 012 581 1 0258049 Name: Hong Kong Society for simulation in healthcare Limited</b></p>
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**Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_