

# THE HONG KONG INSTITUTE OF ALLERGY

## Application for Membership

This form should be completed and returned to the HKIA Secretariat: Ms. Sigourney Liu, MIMS (Hong Kong) Ltd., 37<sup>th</sup> Floor, Citicorp Centre, 18 Whitfield Road, Causeway Bay, Hong Kong

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Name (print, surname first) \_\_\_\_\_ Title : Prof. / Dr. / Mr. / Ms.

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

Tel. No. \_\_\_\_\_ (Day) Fax No. \_\_\_\_\_

Email \_\_\_\_\_

Membership category : ☐ Ordinary member (doctor) ☐ Associate member (nursing, allied health)

Current profession : ☐ Doctor ☐ Nurse ☐ Physiotherapist  
☐ Other, specify \_\_\_\_\_

Practice : ☐ Public ☐ Private

Jobtitle \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

### For ordinary members only

Specialty : ☐ Medicine ☐ Surgery ☐ Paediatrics ☐ Family Medicine

☐ Other, specify \_\_\_\_\_

Subspecialty in Medicine : ☐ Respiratory Medicine

☐ Other, specify \_\_\_\_\_

**Sponsor** : I am a member of The Hong Kong Institute of Allergy and I know the applicant personally.

Name : \_\_\_\_\_

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

- Note : 1. The application will not be considered without a sponsor.  
2. Membership application fee will be waived on a first-come-first-served basis.  
3. Your name and address will be supplied to the Federation of Medical Societies of Hong Kong for the sole purpose of organization of scientific functions.

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

Applicant's Signature : \_\_\_\_\_