

## 2023-2024 Membership Application / Renewal Form

name.	Chinese Name:
Specialty:	Hospital:
Mailing Address:	
Telephone No.:	Email Address:
Fax No.:	
Payment method:	
HKD Cheque (For Hong Kong	
payable to "The Hong Kong U	Jrogynaecology Association Ltd"
Bank:	Cheque No.: Amount:
Membership will be valid till 30 <sup>th</sup> Signature:	
ual subscription for Regular: membership fee:	HK\$150 HK\$2000
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