

To: Dr. Sunny Wong  
Hong Kong Society of Nephrology  
c/o Department of Medicine & Geriatrics  
United Christian Hospital  
130 Hip Wo Street, Kwun Tong, Hong Kong

From: \_\_\_\_\_(Full / Associate / Student\* Member)

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

*\* delete as appropriate*

### **Hong Kong Society of Nephrology Annual Membership Subscription**

Enclosed is my Annual Membership Subscription to the Hong Kong Society of Nephrology (for year \_\_\_\_\_ to \_\_\_\_\_)

Amount: HK\$ \_\_\_\_\_

Bank: \_\_\_\_\_

Cheque No.: \_\_\_\_\_

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

#### **Annual membership subscription fee:**

Full member: HK\$100-

Associate member: HK\$ 50-

Student member: HK\$ 10-

Cheque should be made payable to **Hong Kong Society of Nephrology Ltd.**