

HONG KONG SOCIETY OF NEPHROLOGY LTD

Membership: Change of Address or personal details

Members of the society are requested to inform the Society when there is change of their correspondence address or personal details.

Please return the completed form and send to *Dr. Sunny Wong, c/o Department of Medicine & Geriatrics, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Hong Kong.*

Name in Full: _____ Chinese: _____ Sex: _____

Type of Membership: * Full / Associate / Student

Previous practice: _____ Institution: _____ Position: _____

New practice: _____ Institution: _____ Position: _____

(Note: 1)

Previous address (*Office/Home): _____

New address (*Office/Home): _____

Phone No. (*Office/Home): _____ Fax No.: _____

E-mail address (for electronic newsletter): _____

*Delete where inappropriate

Note: 1. The personal data collected from you will be used for the purpose of keeping you informed of our news, events and other information related to our Society. Your personal data will be kept strictly confidential and will not be used for other functions. If you want to update your personal data or do not wish to receive information from us, please send an email to membership@hksn.org.

2. I hereby authorize do not authorize (please tick the box where appropriate) to the release of my personal correspondence with the Hong Kong Society of Nephrology Ltd to other nephrology related bodies.

Signature

Date