

# HONG KONG SOCIETY OF NEPHROLOGY LTD

## Application for Membership

\*=Mandatory Information

\*Type of Membership Applied for: (Please ✓)

Full Membership  (Complimentary collective membership for Full Members Only: ISN  ISPD   
Associate Membership   
Student Membership

(Please see details overleaf)

Please complete the form with a cheque made payable to **"Hong Kong Society of Nephrology Ltd"**.

\*(Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_ Full member \$100; Associate member \$50; Student member \$10)  
& mail to: Dr. Sunny Wong, c/o International Conference Consultants Ltd. Unit C-D, 17/F, Max Share Centre, 373 King's Road, North Point, Hong Kong.

\*Name in Full: \_\_\_\_\_ \*Chinese: \_\_\_\_\_ \*Sex: \_\_\_\_\_

\*Office Address: \_\_\_\_\_  
\_\_\_\_\_

\*Home Address: \_\_\_\_\_  
\_\_\_\_\_

\*Contact Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ \*E-mail address: \_\_\_\_\_

\*Correspondence address: Please ✓ Office:  Home:

\*Current Nature of Practice: \_\_\_\_\_ \*Institution: \_\_\_\_\_ \*Position: \_\_\_\_\_

\*Working Experience (with Institution and Date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Professional Qualification (with Institution and Date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I wish to apply for membership of Hong Kong Society of Nephrology Ltd.
2. I am in agreement with the objectives of the Society and shall do my best in furtherance of these objectives and agree to be bound by its rules and regulations. (Please see details overleaf)
3. I shall abide by the decision of the Council on this application.
4. Membership fee attached. (Please see details overleaf)

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](mailto:membership@hksn.org).

✧ Please indicate whether you would allow the Council to release your personal correspondence to nephrology related bodies with purpose of such request approved by the Council. (Please ✓)

I hereby  authorize  do not authorize the Council to release my personal correspondence for purposes related to the objective of the Society.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I support the above application:

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Name of Proposer (Full member)

\_\_\_\_\_  
Signature of Seconder#

\_\_\_\_\_  
Name of Seconder#

(Proposer must be a full member. For full membership application, the Seconder# must be a full member. For associate membership application, the Seconder# can be a full or associate member.)

**Objectives of the Society:**

1. To promote the interest in and a better understanding of Nephrology in Hong Kong.
2. To provide a venue for discussion of problems related to Nephrology.
3. To endeavour to improve the standard of care in Nephrology.
4. To provide a means of liaison with workers in Nephrology in other parts of the world.

**Types of Membership:****1. Full Members:**

Any medical practitioner or scientist normally residing in Hong Kong who a) has shown a continuous interest in the field of Nephrology for not less than three years as evidenced by publications, membership of colleges and societies, or active engagement in clinical or research work, OR b) hospital residents undergoing (or who will commence within 12 months) Higher Physician Training in Nephrology, shall be eligible for application to be admitted as a full member of the Society upon the written recommendation of two full members of the Society. Each full member shall take an active part in promoting the objectives of the Society, and shall undertake such responsibilities as determined by the Council.

**Benefit for Full members:**

Hong Kong Society of Nephrology Paid Up Member are entitled to receive complimentary ISPD and ISN Collective Membership. If not indicate in the form, it will be assumed that Collective Membership is not needed.

**2. Associate Members:**

Any medical practitioner, technologist, scientist, medical or paramedical personnel who is interested in Nephrology but is not otherwise qualified to be a full member shall be eligible for application to be admitted as an associate member of the Society upon the written recommendation of two full members, or one full member and one associate member. Each associate member shall take an active part in promoting the objectives of the Society and shall undertake such responsibilities as determined by the Council. Associate members shall have no vote and shall not be eligible for election to office.

**3. Student Members:**

Any undergraduate medical student, technologist or medical or paramedical personnel in training, who is interested in Nephrology shall be eligible for application for Student Membership of the Society, on a prescribed application form. Student members shall be eligible to attend all functions and activities of the Society, shall have no vote and shall not be eligible for election to office.

**Application for Membership:**

Application for admission must be made in writing signed by the candidate, the proposer and seconder and shall be in such form as the Council shall decide.

**Application / Annual Subscription Fee:**

Full Member: \$100.00

Associate Member: \$50.00

Student Member: \$10.00

The cycle of annual subscription fee begins on the date of Annual General Meeting of the Society. Membership benefits (including, but not limited to, applications for Society sponsorship, grants and Cooperate Membership to other Nephrology Societies) may be affected for non-paid-up members. Members who failed to pay annual subscription fee for 3 consecutive years will have their membership removed. To be eligible for registration of the Annual Scientific Meeting of any year, the membership application form should reach our society on or before 30<sup>th</sup> June of that year.