



# 香港腸外及腸內營養學會

HONG KONG SOCIETY OF PARENTERAL & ENTERAL NUTRITION LTD.

P.O. Box 6817, General Post Office, Hong Kong.

Tel: (852) 9053 8994 Fax: (852) 3991 5300 E-mail: yeungwce@gmail.com

## MEMBERSHIP APPLICATION FORM

Membership No. :

### A. Membership Type:

I would like to apply for \_\_\_\_\_ membership

\* O= Ordinary membership is limited to qualified medical practitioner, registered nurse, registered pharmacist, and registered dietitian or dietitian accredited by Hong Kong Dietitian Association in Hong Kong. A= Associate member

### B. Personal Particulars:

Sex  M  F

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Hospital/ Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### C. Qualifications:

Academic Qualifications: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

\_\_\_\_\_ Year Obtained: \_\_\_\_\_

\_\_\_\_\_ Year Obtained: \_\_\_\_\_

### D. Experience in Nutrition:

<u>Types of Nutrition Disorder managed regularly</u>	<u>Your Role</u>	<u>No. of Cases</u>

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

\_\_\_\_\_  
Date

**Registration Fee**

Annual Subscription

Ordinary Member HK\$200

Associate Member HK\$100

Please e-mail completed application form to Ms. Emily Yeung (Honorary Secretary) at "yeungwce@gmail.com".  
A copy of the application form together with a cheque made payable to "Hong Kong Society of Parenteral and Enteral Nutrition Limited" should be sent to P.O. Box 6817, General Post Office, Hong Kong.

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**For Office Use**

Updated: Jan 2016

Admitted as: \_\_\_\_\_

Date of Admission: \_\_\_\_\_