



HONG KONG THORACIC SOCIETY

Application for Membership

(membership period: 1 April 2024 – 31 March 2025)

For membership benefits, early submission of your application is advised.

This form should be completed clearly and returned together with the correct payment to:

Ms. Annie Hung, The Federation of Medical Societies of Hong Kong

4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Or you can choose to apply the membership online: <https://hkts.hk/index/membership-application>

Please provide information clearly.

Title: Professor Medical Doctor Mr. Ms.

Surname: _____ First Name: _____ 中文姓名: _____ Sex: M / F

Mailing Address: _____

Email Address: _____ Tel Number: _____

Current Profession: Doctor Nurse Physiotherapist Occupational Therapist Others (please specify): _____

Practice: Public (please specify department and institute) _____
 Private Hospital Private Clinic

Membership Category:

Ordinary Member (Fee: \$200): Medical Practitioner registered and practicing in Hong Kong.

Associate Member (Fee: \$100): (i) Nurse and Allied Health Professionals.
(ii) Medical Practitioner NOT practicing in Hong Kong.

For Application of Ordinary Membership (Doctor application ONLY):

Specialty (Please tick that apply)

Respiratory Medicine Critical Care Medicine Family Medicine Internal Medicine
 Cardiology Paediatrics Thoracic Surgery Others (please specify): _____

Are you a current member of CHEST (Delegation Hong Kong & Macau): Yes No

Sponsor (the proposer and seconder must be HKTS ordinary members or life members):

I know the applicant personally.

Proposer (Name in Full): _____ Signature: _____

Seconder (Name in Full): _____ Signature: _____

Remarks:

1. The application will not be processed if the form is unclear, without the correct payment and without a sponsor.
2. The crossed cheque should be made payable to "**Hong Kong Thoracic Society Ltd**".
3. Application Fee: **Ordinary member: HK\$200; Associate member: HK\$100.**
4. Receipt will be issued after the endorsement by the society's council meeting.
5. Your name and address may be supplied to the Federation of Medical Societies of Hong Kong for the sole purpose of organisation of scientific functions and related activities.
6. For any enquiry about membership, please write to hkts.melissa@gmail.com

Applicant's Signature and Date