



# 香港腸外及腸內營養學會

HONG KONG SOCIETY OF PARENTERAL AND ENTERAL NUTRITION LIMITED

DL. +852 5922 0124 | E. hkspen2007@gmail.com | Addr. P.O. Box 1439, Shatin Central Post Office, Shatin, Hong Kong

## MEMBERSHIP APPLICATION FORM

### A. MEMBERSHIP TYPE

I would like to apply for:

- Ordinary Membership** (HK\$200 per year)  
*Limited to qualified medical practitioners, registered nurses, registered pharmacists, and registered dietitians or dietitians accredited by the Hong Kong Dietitians Association in Hong Kong.*
- Associate Membership** (HK\$100 per year)  
*For individuals who do not qualify for Ordinary Membership but wish to be associated with the organization.*  
*(Please indicate with a "✓".)*

### B. PERSONAL PARTICULARS

Title \_\_\_\_\_ Name \_\_\_\_\_  
(Prof/ Dr/ Mr/ Ms, etc.) Surname Given name

Gender \_\_\_\_\_ Job Title \_\_\_\_\_ Specialty \_\_\_\_\_

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

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

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

### C. QUALIFICATIONS

Academic & Professional Qualifications	Year Obtained
_____	_____
_____	_____
_____	_____

### D. EXPERIENCE IN NUTRITION

Types of Nutrition Disorders Managed Regularly	Your Role	No. of Cases
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information I have provided in support of this application is accurate and complete. I understand that the Council of the Society has the sole discretion to accept or reject my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### E. PROPOSER INFORMATION

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

Name of Seconder \_\_\_\_\_ Signature \_\_\_\_\_

### NOTES:

- The application should be proposed and seconded by two ordinary members of the Society.
- Please return the completed form to the *Hong Kong Society of Parenteral and Enteral Nutrition Limited, P.O. Box 1439, Shatin Central Post Office, Shatin, HK*, along with a cheque made payable to the **Hong Kong Society of Parenteral and Enteral Nutrition Limited**.
- Application will be reviewed at the council meeting, and successful applicant will receive an official receipt as confirmation of membership.

FOR OFFICIAL USE ONLY
Approved at the Council Meeting and accepted as a member on:
_____
Date