



## **Hong Kong Association for the Study of Obesity** **Membership Application Form**

### **Eligibility**

The members of the Association are divided into the following categories:

#### **(a) Full Member**

1. Any medical practitioner who is a fellow of the Hong Kong Academy of Medicine, or its equivalent, and is engaged in work relating to obesity; or
2. Any scientist or allied health professional with publications in the field of obesity; or
3. Any scientist or allied health professional who is actively engaged in work relating to obesity may be eligible for full membership of the Association.
4. Each Full Member is required to take an active part in promoting the objects of the Association. The Subscribers to the Memorandum of Association shall be Full Member of the Association.

#### **(b) Associate Member**

Any medical practitioner, scientist, or allied health professional who is interested in obesity and who is not qualified to be a Full Member may be eligible to become an Associate Member. Associate members shall enjoy all the privileges of the Full Members of the Association except the rights of voting and, if elected, holding office.

#### **(c) Life Member**

Any Full Member may become a Life Member upon payment of HK\$2,000 or such amounts as may be decided upon by the Council from time to time. A Life Member shall enjoy the same privileges as a Full Member except that a Life Member shall not be required to pay annual subscription fees.

### **Annual Membership Fee**

<b>Full Member</b>	<b>HK\$ 200.00</b>
<b>Associate Member</b>	<b>HK\$ 100.00</b>

### **Application:**

The applicant should email the following documents to **HKASO administrator** [hkaso2019@gmail.com](mailto:hkaso2019@gmail.com).

1. Completed application form
2. Short Curriculum Vitae
3. Copies of academic and professional certificates

**Attn: Dr Andrea Luk**

**President, HKASO**

**Department of Medicine and Therapeutics**

**Prince of Wales Hospital, Shatin**



香港肥胖醫學會  
H K A S O

### Personal Data

*Title : <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms * Please tick where appropriate	
Family name:	First name :
Tel. No. :	Fax No.
E-mail address :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address for correspondence :	

### Academic / Professional Qualifications

Institution	Degree	Date

### Present Position

Position :
Organisation :
Office address : ( if different from correspondence )

### Areas of Special Interest

1.
2.

I wish to apply to be a / an  Full Member  Associate Member  
 Life Member

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

Proposer Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Secunder Name : \_\_\_\_\_ Signature: \_\_\_\_\_