

HONG KONG UROLOGICAL ASSOCIATION

Update on Personal Information

Membership Status: * Full / Ordinary / Associate / Retired Member

Surname: _____ Given Name(s) (in full): _____ Sex: _____

Name in Chinese: _____ Title (Dr/Mr/Ms, etc): _____ Job Title/Rank: _____
(if applicable)

Correspondence Address: _____

Tel No: _____ Fax No: _____ Mobile/Pager No.: _____

**E-mail Address: _____

Current Practice Institution: _____

(Please tick as appropriate)

University Hospital Authority
 Private Practice Group Practice Others: _____
(Please specify)

Signature: _____ Date: _____

* Please delete as appropriate.

Please fill in the form, send in your membership subscription for the year 2008 if you have not done so [Full Member HK\$ 300 / Ordinary Member -HK\$ 100 / Associate Member - HK\$ 100 / Retired Member - Free], and return by mail, together with a crossed cheque made payable to “**HONG KONG UROLOGICAL ASSOCIATION**” to Dr CHU Sai Man Simon, Hon Secretary or Mr CHING Lok Sang Jan, Hon Treasurer of Urology Nursing Chapter accordingly.

For Doctors:

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Hon Treasurer
Hong Kong Urological Association
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For Nurses:

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Hon Treasurer
Urology Nursing Chapter
Hong Kong Urological Association
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