

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: _____

For Doctors:

Dr CHU Sau Kwan Peggy
President
Hong Kong Urological Association
c/o Department of Surgery
Tuen Mun Hospital
Tsing Chung Koon Road
Tuen Mun
NEW TERRITORIES
(Tel: 24685379 Fax: 24569009)

For Nurses:

Ms WONG Siu Wan Arale
Hon Treasurer
Urology Nursing Chapter
Hong Kong Urological Association
c/o Ward 3B
Department of Surgery
North District Hospital
9 Po Kin Road
Sheung Shui
NT
(Tel: 26838431 / 26838222 Fax: 26838430)