

# Hong Kong Urological Association

## Membership

The Association shall comprise of the following types of members:

1. **Full Members** Any medical practitioner normally residing in Hong Kong who has shown a continuous interest in urology for not less than three years as evidenced by publications, membership of colleges and societies, attendance at conferences, participation in student teaching, or active engagement in clinical or research work, in the field of Urology, shall be eligible for application to be admitted as a full member of the Association upon the written recommendation of two full members of the Association. Each full member shall take an active part in promoting the objects of the Association, and shall undertake such responsibilities as determined by the Council.
2. **Ordinary Members** Any registered medical practitioner who is interested in urology but is not otherwise qualified to be a full member shall be eligible for application to be admitted as an ordinary member of the Association upon the written recommendation of two full members, or one full member and one ordinary member. Each ordinary member shall take an active part in promoting the objects of the Association and shall undertake such responsibilities as determined by the Council. Ordinary members shall have no vote and shall not be eligible for election to office.
3. **Associate Members** Any scientist who is interested and involved in urology shall be eligible for application to be admitted as an associate member of the Association upon the written recommendation of two full members, or one full member and one ordinary or associate member. Each associate member shall take an active part in promoting the objects of the Association and shall undertake such responsibilities as determined by the Council. Associate members shall have no vote and shall not be eligible for election to office.
4. **Honorary Members** The Council may recommend for election at a General Meeting distinguished persons in the field of urology to become honorary members of the Association. Honorary members shall have no vote and shall not be eligible for election to office.

Every candidate for membership of the Association shall be proposed and seconded by two full members of the Association. Application for admission must be made in writing signed by the candidate and the proposers and seconders addressed to the Honorary Secretary and shall be in such forms as the Council shall decide from time to time.

The Council shall have absolute discretion in accepting or refusing any one for full or ordinary or associate membership. However the Council shall not consider the race colour gender or creed of any applicant. In the event of a refusal the Council shall not be required to give any reasons thereof.

# HONG KONG UROLOGICAL ASSOCIATION

## APPLICATION FORM FOR MEMBERSHIP

### SECTION A TO BE COMPLETED BY THE APPLICANT

I hereby apply for admission as a \*Full/Ordinary/Associate Member of the Hong Kong Urological Association.

Surname \_\_\_\_\_ Given name(s)(in full) \_\_\_\_\_

Name in Chinese \_\_\_\_\_ Title (Dr/Mr/Ms, etc) \_\_\_\_\_ JobTitle/Rank \_\_\_\_\_  
(if applicable)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address for correspondence \*Home / Office

#### Academic and Professional Qualifications:

Degrees and/or other qualifications obtained	Name of Institution	Year of award

#### Membership of other Medical Societies and Associations:

Name of Society/Association	Category of Membership

Current practice (please tick as appropriate)

University

Hospital Authority

Private practice

Group practice

Others \_\_\_\_\_

(please specify)

Approximate percentage of practice spent in Urology \_\_\_\_\_ %

Special area of interest in Urology \_\_\_\_\_

List of publications : please give full details of your publications on separate sheets.

I certify that the information provided by me in support of this application is accurate and complete. I understand that the Council of the Association shall have absolute discretion to accept or reject my application. I also enclose the annual fees -

Full member \$300.00

Ordinary/Associate Member **\$100.00**

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Note : completed form to be returned to the Hon. Secretary) \* Please delete as appropriate

**SECTION B** TO BE COMPLETED BY THE PROPOSER

I hereby propose \_\_\_\_\_ for admission as a  
\*Full/Ordinary/Associate Member of the Hong Kong Urological Association for the following reason(s):

I am a \*Full/Ordinary/Associate Member of the Association.

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

Name (in full) \_\_\_\_\_

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**SECTION C** TO BE COMPLETED BY THE SECONDER

I hereby second the proposal that \_\_\_\_\_ be admitted as  
a \*Full/Ordinary/Associate Member of the Hong Kong Urological Association. I am a  
\*Full/Ordinary/Associate Member of the Association.

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

Name (in full) \_\_\_\_\_

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**SECTION D** FOR OFFICE USE ONLY

Application \_\_\_\_\_ accepted \_\_\_\_\_

rejected at the Council meeting held on \_\_\_\_\_

\* Please delete as appropriate