

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

*Please delete as appropriate

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 (in full)	_____
Name in Chinese (if applicable)	_____	*Title (Dr/ Prof/ Mr/ Ms/ Miss)	_____
Year of Birth	_____	Sex	_____
Occupation	*Medical Doctor/ Nurse/ Allied Health/ Nursing Student		
Current Practice	*Public Health/ University/ Private Practice/ Others:		
Correspondence Address	_____		
Tel	_____	Mobile	_____
Email Address	_____	MCHK no. (if applicable)	_____

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 HK\$300.00; Ordinary/ Associate Member HK\$100.00

Date _____

Signature _____

Payment Method

(1) By Cheque: Please made the cheque payable to “**Hong Kong Urological Association**” and send with this form to Hon. Treasurer, Hong Kong Urological Association, PO Box 90605, Tsim Sha Tsui Post Office, Kowloon

(2) By Bank Transfer: Please transfer the annual fees to Hong Kong Urological Association and email the bank-in slip to executive@hkua.org

Beneficiary Bank: The Hongkong and Shanghai Banking Corporation Limited

Beneficiary Account No.: 502-111073-001

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.

I am a Full Member of the Association.

Date _____ Signature _____

Name in full _____

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 Member of the Association.

Date _____ Signature _____

Name in full _____

SECTION D FOR OFFICE USE ONLY

Application accepted at the Council Meeting held on _____