



香港大學心臟血管研究所
THE UNIVERSITY OF HONG KONG
INSTITUTE OF CARDIOVASCULAR SCIENCE AND MEDICINE

Application For Admission As A Member

The applicant should complete and return this form together with the necessary supporting document to : *Honorary Secretary, Institute of Cardiovascular Science and Medicine, Faculty of Medicine, The University of Hong Kong, 7 Sassoon Road, Hong Kong.*

TO BE COMPLETED BY THE APPLICANT

1. I hereby apply to register as a Member of the ICSM in the class of Full Member.
 Associate.
 Affiliate.

The information provided by me in support of this application is accurate and complete.

Date: _____

Signature: _____

(中文姓名)

2. PERSONAL INFORMATION

Prof/Dr/Mr/Mrs/Miss/Ms: _____

(Full name in BLOCK LETTERS, surname first)

Address for Correspondence: _____
.....
.....

Tel No: _____

HKID Card No/Passport No:* _____

(Please delete as appropriate)

Fax No: _____

Date of Birth: _____ / _____ / _____

Day Month Year

E-Mail Address: _____

3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Degrees or Other Qualifications

Awarding Institution

Date of Award

.....
.....
.....
.....

4. APPOINTMENTS HELD SINCE GRADUATION (including current appointment)

.....
.....
.....
.....
.....

5. EXPERTISE OF THE APPLICANT

.....
.....
.....
.....

6. PROPOSERS

The following Full Members have agreed to act as proposer and seconder, respectively.

	Signature	Name	Date
Proposer:
Secunder:

7. SUPPORTING DOCUMENTS

I attach the following documents in support of my application:

- _____ photocopies of academic diplomas
- List of publications

OFFICE USE ONLY

To: The Council

This applicant is *prima facie* eligible for admission in the class of _____
under the Institute's By Law.

Other comments (if any):