The Hong Kong Orthopaedic Association Spine Chapter

Membership Application Form

*Please type or complete in BLOCK letters:

"Please type or complete in BLOCK letters:			
Family Name:	(Prof./Dr./Mr./Mrs/Ms.)		
Talling Ivallie.	(1101./D1./WII./WIIS/WIS.)		
First Name:			
Chinese Name:			
Corresponding			
Address:			
Contact Phone No.	(office)	(home)	
Fax No.:			
Tux 110	+		
Email address:			
Professional			
qualification:			
*Please $$ as appropriate and note that only fellows and members of the HKOA have the voting right.			
I am a *□ Fellow	of the HKOA.		
*□ Member			
*□ Associat	ed member		
Applicant's Signature	:	Date:	
*******	*********	*********	

RETURN THIS FORM TO MS EVALU, DEPT OF O&T, 5/F Professorial Block, QMH, Pokfulam, HK.

Merchant Information

Merchant Name: The Hong Kong Orthopaedic Association

Contact Person: Ms. Eva Liu Tel: 2255-4257 Fax: 2817-4392

Address: C/o Dept of O & T, 5/F Professorial Block, QMH, Pokfulam, HK

Authorization Form





I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of membership fee

Credit Card Information

Credit Card Number		
CVV2 / CVC2*	: Last three digit on card's signature panel 背後簽名欄上的最後 3 位數字)	
Cardholder Name	:	
Expiry date	: (MM / YY)	
Issuing Bank	:	
Products Description	: HKOA Membership Fee	
Total amount	: HK\$	
	:	
Cardholder signature		
	(Same as the signature planet of the Card)	
Date	:	