



## MEMBERSHIP APPLICATION FORM

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Academic/Professional Qualifications

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present Position: \_\_\_\_\_

Experience and work related to diabetology and endocrinology:

\_\_\_\_\_

#### **Personal Information Collection Statement**

The information provided by you will be used for communication, survey, application and marketing purposes. Apart from personnel duty authorized by the organization, no one will be given access to your personal information. In accordance with the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of your personal data provided. Request for personal data access and correction should be addressed to DEA in writing.

#### DECLARATION

1. I declare that all information given in this application is correct and complete to the best of my knowledge and belief. DEA reserves the right to reject any application without providing explanation to the applicant.
2. I fully understand and agree with the "Personal Information Collection Statement" listed above.

Approval and signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Completed application form should be sent to : *Dr. Chan Chi Pun, Honorary Secretary, DEA*

*Room 912, Hong Kong Pacific Centre, 28 Hankow Road, Tsim Sha Tsui, Kowloon*

**Permanent Membership fee: \$1000; Annual subscription fee: \$100 per year.** Cheque should be crossed and made payable to "Diabetologists & Endocrinologists Alliance Limited".