



MEMBERSHIP APPLICATION FORM

Title : _____ Surname : _____ Given Name : _____

Correspondence Address : _____

Telephone 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.

Signature of Applicant: _____

Date: _____

Completed application form should be sent to : Dr. Wong Cheuk Lik, Honorary Secretary, DEA

Unit 506-7, H Zentre, 15 Middle 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".