



HONG KONG ASSOCIATION FOR THE STUDY OF OBESITY
INFORMATION ON MEMEBERSHIP

The members of the Association shall be divided into:

(a) Full Member

1. Any medical practitioner who is a fellow of the Hong Kong Academy of Medicine, or its equivalent, and is engaged in work relating to obesity; or
2. Any scientist or allied health professional with publications in the field of obesity; or
3. Any scientist or allied health professional who is actively engaged in work relating to obesity may be eligible for full membership of the Association.

Each Full Member is required to take an active part in promoting the objectives of the Association. The Subscribers to the Memorandum of Association shall be Full Members of the Association.

(b) Associate Member

Any medical practitioner, scientist, or allied health professional who is interested in obesity and who is not qualified to be a Full Member may be eligible to become an Associate Member. Associate members shall enjoy all the privileges of the Full Members of the Association except the rights of voting and, if elected, holding office.

(c) Life Member

Any Full Member may become a Life Member upon payment of HK\$2,000 or such amounts as may be decided upon by the Council from time to time. A Life Member shall enjoy the same privileges as a Full Member except that a Life Member shall not be required to pay annual subscription fees.

Annual subscription

Full Member	HK\$	200.00
Associate Member	HK\$	100.00



HONG KONG ASSOCIATION FOR THE STUDY OF OBESITY
MEMBERSHIP APPLICATION FORM

Personal Data

*Title : <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms * Please tick where appropriate	
Family name:	First name :
Tel. No. :	Fax No.
E-mail address :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address for correspondence :	

Academic / Professional Qualifications

Institution	Degree	Date

Present Position

Position :
Organisation :
Office address : (if different from correspondence)

Areas of Special Interest

1.
2.

I wish to apply to be a / an Full Member Associate Member
 Life Member

Signature: _____ Date: _____

Proposer Name : _____ Signature : _____

Seconder Name : _____ Signature: _____

Please return the completed application form to:-

**Dr Francis CC Chow, Department of Medicine & Therapeutics, Prince of Wales Hospital,
Shatin, NT Fax: 2635 8799 Email: ccf193chow@cuhk.edu.hk**