**Membership Application Form 入會申請表**

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| **Personal Details (Mandatory) 個人資料 (必須填寫)** |
|  Prof. 教授  Dr. 博士/醫生  Mr. 先生  Ms. 女士 |
| Last name 姓 |  | First name 名 |  |
| Nationality 國籍 |  | Contact Number 聯絡電話 |  |
| Email address 電郵 |  |
| Postal address 地址 |  |
| Zip code 郵政編號 |  |
| City 城市 |  |
| Country 國家 |  |

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| **Professional Qualification (Mandatory) 職業資格 (必須填寫)** |
| Position 職位 |  |
| Hospital/Practice/Institute 所屬醫院/機構 |  |
| Specialty / Subspecialty (e.g. Orthopaedics : Knee)專業/附屬專業 (如骨科：膝部) |  |
| Area of Interest 研究興趣 |  |
| **Educational Details (Optional) 教育詳情(選擇性)** |
| M.D./Ph.D./Where, when取得博士學位之年份及頒發學院  |  |
| University Degree 大學修讀專業 |  |
| Training Received 曾接受之培訓  |  |

**Signature簽署:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date日期:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** Please send the completed form to**info@apkass.org****.** Your membership will be confirmed only after successful payment of membership fee.  Applicants without the above-stated qualification may become our membership subject to the approval of the Board of Directors. Please contact the administrative office should you have any question. 請將填妥的表格電郵至info@apkass.org你的會籍必須於繳付會費後才能生效。如有任何疑問，請聯絡會務處