香港心臟衰竭學會

Hong Kong Heart Failure Society

(Incorporated in Hong Kong with limited liability)

Membership Application Form

English Name:	**Chinese Name:**
Sex: ☐ Male ☐ Female	**Current Practice:** ☐HA _____ ☐DH _____ ☐Private _____ ☐others_____
Mobile:	**Email (not HA email):**
Hong Kong Member** ***(Health Professional who is licensed in Hong Kong) ☐Doctor ☐Nurse ☐ Occupational Therapist ☐Physiotherapist ☐Dietitian ☐Pharmacist	**Non Hong Kong Member** ***(Health Professional outside Hong Kong)*** ☐Doctor ☐Nurse ☐ Occupational Therapist ☐Physiotherapist ☐Dietitian ☐Pharmacist

☐ Please tick as appropriate

* Should be registered in Hong Kong with valid registration number

Note:

- Only Hong Kong member is eligible to vote in general meeting.
- The completed application form should be emailed to HKHFS Secretariat at Email:hkhfs@llink.com.hk.
- Membership Fee for **the year 2024-25 is waived.**

Signature of applicant: _____ Date: _____

Declaration:

Applicant's personal data is collected and kept for processing the application for membership and related administration purpose. The data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR.