



## HONG KONG SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

### Application for Membership

Note :

1. Applicant should read the “Membership Record Notice” overleaf before completing this Form.  
Copy of the Constitution of the Society is available on request from the Hon. Secretary.
2. Applicant may attach relevant information with this Form to support the application.
3. Please return the completed Form to the Hon. Secretary,  
c/o Nuclear Medicine Unit, Queen Elizabeth Hospital, Kowloon.

Name (Dr/Prof/Mr/Mrs/Ms) ..... Chinese Name .....

Office Address .....

Work Phone Number ..... Fax Number .....

Mobile Number ..... Email Address .....

Type of Membership Applying for : ( Please  in appropriate boxes below)

<input type="checkbox"/>	Honorary Fellow
<input type="checkbox"/>	Corresponding Fellow
<input type="checkbox"/>	Ordinary Member
<input type="checkbox"/>	Associate Member
<input type="checkbox"/>	Student Member

Applicant's Nature of Profession			
<input type="checkbox"/>	Medical Practitioner	<input type="checkbox"/>	Medical Student
<input type="checkbox"/>	Radiographer	<input type="checkbox"/>	Student Radiographer
<input type="checkbox"/>	Physicist	<input type="checkbox"/>	Scientist
<input type="checkbox"/>	Technologist	<input type="checkbox"/>	Others ( ..... )

Current Nature of Appointment : (Institution/Organisation; Department and Post)

.....

Academic Degree/Diploma : (With Institution and Date)

.....

.....

Number of years involved in Nuclear Medicine : Full time : ..... years

Part time : ..... years

Training/Experience/Attendance of Courses in Nuclear Medicine : (Institution and Date)

- .....
- .....
1. I wish to apply for membership of the Hong Kong Society of Nuclear Medicine and Molecular Imaging.
  2. I am in agreement with the objects of the Society and shall do my best in furtherance of these objects and agree to be bound by its rules and Constitution.
  3. I shall abide by the decision of the Executive Council on this application.
  4. I have read and understood the content of the "Membership Record Notice" and I give my consent to the inclusion of the above data in the Record if my application has been accepted.

Date : ..... Signature of Applicant : .....

I am an Ordinary member of the Society and I render support to the above application.

.....  
Signature of Proposer

.....  
Signature of Secunder

*Membership Record Notice*

Before you provide the personal data to us on the Membership Application Form, please read the following :

If your application for membership has been accepted, the personal data you provided in this Form will be input into the Membership Record of the Hong Kong Society of Nuclear Medicine and Molecular Imaging (the "Society") for the following purposes:

- (a) Maintenance of a register of memberships of the Society
- (b) Facilitating communications between the Society and its members
- (c) Purposes related to activities of the Society and other nuclear medicine activities

In addition to the above, the personal data may be disclosed to other personnel and organizations for the above purposes.

It is obligatory for a member of the Society to supply the personal data, failing which the Society cannot carry out its purported activities. A member is also obliged to supply true, correct and updated personal data to us. It is necessary to inform the Society of any changes in the registration details.

Under the Personal Data (Privacy) Ordinance, a member of the Society has the right to request for the access to and the correction of his/her personal data that are maintained in the Membership Record of the Society. Please address any enquiries to the Hon. Secretary.

By signing on this Form, you are giving consent to the inclusion of the data you provided in the Form in the Membership Record of the Society for the purposes stated above, if your application for membership has been accepted. It also means that you have read and understand the content of this notice.