



Hong Kong Society of Biological Psychiatry 香港生物精神醫學會

www.hksbp.org

Membership Application / Renewal Form

Please type in BLOCK letters and ✓ where appropriate.

Professor. Dr. Mr. Mrs. Ms.

Family name: _____ Given name: _____

中文姓名: _____ Gender: Male / Female

Position: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____ E-mail: _____

Professional Qualification (s): _____

Nominated by (For new subscribers): _____ (Must be a Full Member)

I hereby apply for: (For details of the membership category, please refer to our website at www.hksbp.org)

Full / Associate / Affiliate / Student / Corporate

Membership Fee:

3-Year: HKD700 OR 1-Year : HKD300

Crossed cheque and made payable to:

"Hong Kong Society of Biological Psychiatry Limited"

Bank-in to HSBC A/C No.: 400-289864-838

(Official receipt will be issued upon request)

Signature: _____ Date: _____

Please fax or email the completed form together with the bank-in slip to:

The Secretariat of HKSBP c/o Kays Asia (Hong Kong) Limited

P.O. Box 65015, Tseung Kwan O Post Office, Kowloon, Hong Kong

Tel: 852-9658 9650

Fax: 852-3010 8969

E-mail: enquiry@hksbp.org

Notice to Data Subject Regarding Personal Data Disclosed to Hong Kong Society of Biological Psychiatry Limited

The personal data provided by you will be accessible only to those persons who are directly involved in the operation of the Society. They are required to observe the rule of confidentiality under the *Personal Data (Privacy) Ordinance* and other relevant ordinances. Personal data are only disclosed when the Society authorizes such disclosure. You have right of access to and correction of personal data held on you by the Society. Your right of access includes the right to obtain a copy of your personal data which may subject to payment of a fee as prescribed by the Executive Committee.