

Tel: 852-9658 9650

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

Membership Application Form (version April 2019)

Membership Fee will be waived if submitted on or before 13 May, 2019.

Please type in BLOCK letters and \checkmark where appropriate. ☐ Professor. ☐ Mrs. ☐ Ms. □ Dr. ☐ Mr. Family name: Given name: 中文姓名: Position: Organization: _____ Address: Phone: _____ E-mail: Mobile: 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 (Psychiatrist) / ☐ Associate (Medical Doctor) / ☐ Affiliate / ☐ Student / ☐ Corporate Membership Fee: ☐ 3-Year: HKD700 OR ☐ 1-Year: Free of charge on or before 13 May, 2019 (original 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

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

E-mail: enquiry@hksbp.org

Fax: 852-3010 8969

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.