



Hong Kong Society of Biological Psychiatry

香港生物精神醫學會

Website: www.hksbp.org

Membership Application Form

Please type in BLOCK letters and ✓ where appropriate.

Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Surname:	_____	Given Name:	_____	
Chinese Name:	_____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Work Position:	_____			
Organization:	_____			
Address:	_____ _____			
Mobile:	_____	E-mail:	_____	
Professional Qualification(s):	_____			
<i>I hereby apply for:</i> (For details of the membership category, please refer to our website at www.hksbp.org)				
<input type="checkbox"/>	Full Member (specialist in psychiatry)	<input type="checkbox"/>	Associate Member (medical practitioner)	
<input type="checkbox"/>	Affiliate Member (medical school graduate)	<input type="checkbox"/>	Student Member (medical school student)	
Signature:	_____	Date:	_____	
Nomination of New Member (Nominator must be a full member of the Society)				
Name of the Nominator: _____				
_____ <i>Signature of the Nominator</i>				

N.B. Please return the completed form to the HKSBP Secretariat by email: secretariat@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 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 the 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 data which may be subject to payment of a fee as prescribed by the Executive Committee.