Print Form

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HONG KONG EPILEPSY SOCIETY

(Hong Kong Chapter of the International League Against Epilepsy)

Membership Application Form

A. PERSONAL PARTICULARS

Full Name in English _____ **Name in Chinese** _____

(Surname) *(Other names)*

Age : _____ **Sex:** _____

Address : _____

Position /Specialty : _____

Department /Institution : _____

Mobile: _____ **Fax:** _____

E-mail address: _____

B. MEDICAL QUALIFICATIONS

Date	Institution	Qualifications

C. EXPERIENCE

Date	Position	Unit

Date of Application: _____ **Signature :** _____

Recommendation

Proposer : _____ **Seconder:** _____

Official Use

Category elected : _____ Date of Election: _____

Date of Notification: _____