



Hong Kong Society of Ophthalmic Plastic Reconstructive Surgery

Membership Form

Name : _____

Contact Number : _____

E-mail : _____

Please "√" as appropriate

Life membership (HK\$ 5,000)

Regular member (annual membership fees)

| | |
|--|----------|
| <input type="checkbox"/> Full – Open to all FHKAM(Ophth) fellows | HK\$ 500 |
| <input type="checkbox"/> Associate – Open to non-fellow ophthalmology trainees | HK\$ 250 |
| <input type="checkbox"/> Student – Open to all local medical students | HK\$ 50 |

Cheque payable to “Hong Kong Society of Ophthalmic Plastic and Reconstructive Surgery Limited”

Mailing address

Hon. Secretariat, Ms. Jacqueline Shum, 1/F, Eye Centre, Prince of Wales Hospital, Shatin or
Founding President, Dr. George Cheng, Room 1009, Melbourne Plaza, 33 Queen Road, Central

Signature: _____

Date: _____

Please contact us at hksoprs@gmail.com for further information.

HKSOPRS website: www.hksoprs.com