

Membership Application (2019-2022)

Personal Information

Name in English (as appeared on HKID card): _____ Name in Chinese: _____

Gender: Male Female

Types of Membership: Ordinary Associate Corporate

Profession: Doctor Nurse Allied Health Others: _____

Specialties / Disciplines:

- Anesthesiology Clinical Oncology Dental Family Medicine / General Practice
 Neurology Neurosurgery Orthopaedics Palliative Medicine
 Psychiatry Rehabilitation Medicine Rheumatology Clinical Psychologist
 Physiotherapist Occupational Therapist Surgeon Others: _____

Current Appointment: _____

Correspondence Address: (In Block Letter) _____

Phone: Office: _____ Mobile: _____ Fax: _____

e-mail: _____

Relevant Professional & Academic Qualifications

Year	Award	Institution	Country

Membership Fee

Ordinary HK\$300 (2019-2022)
LIFE MEMBERSHIP HK\$3000
Associate HK\$50
Corporate HK\$5,000

Cheque No.: _____ Issuing Bank: _____

Payments should be made with "PERSONAL CHEQUE ONLY" payable to "Hong Kong Society of Musculoskeletal Pain" with your name and contact telephone number on the back of the cheque. Please send the completed form and cheque to "Honorary Secretary, Hong Kong Society of Musculoskeletal Pain, P.O.Box. No.98530, Tsim Sha Tsui Post Office, Kowloon".

Thank you for being a member of HKSMP, a local chapter of MIA. [This is announcement for invitation for Membership Subscription of \\$3000 as Full Professional Member for 3 years \(2019-2022 \)local chapter of Multidisciplinary International Association of Musculoskeletal Pain, MIA .MIA is formed in 2016\(IRD 91/14565\), it is founded by Multidisciplinary professionals around the globe specializes in the management of musculoskeletal pain. www.miamsk.org](#)

Member will have special discount rate and Early bird registration for the coming First Multi-disciplinary International Congress of Musculoskeletal Pain 2019 on 6-9 December 2019 (MIA MSK Pain Congress , HONG KONG * 9th MSKUSPM*

Declaration (Only applicable for Ordinary and Association Members)

1. I declare that I am a resident of Hong Kong.
2. I declare that I am qualified to practice in my healthcare discipline.
3. I declare that the above information and all substantial documents are true and correct.

Date: _____

Signature: _____