

To: Dr. K.S. Fung, Samuel
Hong Kong Society of Nephrology
C/o Department of Medicine
Princess Margaret Hospital
2-10 Princess Margaret Hospital Road
Lai Chi Kok,
Kowloon, HK

From: _____(Full / Associate / Student* Member)

Address: _____

** delete as appropriate*

Hong Kong Society of Nephrology Annual Membership Subscription

Enclosed is my Annual Membership Subscription to the Hong Kong Society of Nephrology (for year _____ to _____)

Amount: HK\$ _____

Bank: _____

Cheque No.: _____

Date: _____

Annual membership subscription fee:

Full member: HK\$100-
Associate member: HK\$ 50-
Student member: HK\$ 10-

Cheque should be made payable to **Hong Kong Society of Nephrology Ltd.**