

To: Dr. Y L Cheng  
Hong Kong Society of Nephrology  
C/o Department of Medicine  
Alice Ho Miu Ling Nethersole Hospital  
11 Chuen On Road, Tai Po, NT, Hong Kong

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.**