

HONG KONG SOCIETY OF NEPHROLOGY LTD

Membership: *Change of Address or personal details*

Members of the society are requested to inform the Society when there is change of their correspondence address or personal details.

Please return the completed form and send to *Dr.Y L Cheng, c/o Department of Medicine Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, NT, Hong Kong.*

Name in Full: _____ Chinese: _____ Sex : _____

Type of Membership: * Full / Associate / Student

Previous practice: _____ Institution: _____ Position: _____

New practice: _____ Institution: _____ Position: _____

Previous address (*Office/Home): _____

New address (*Office/Home): _____

Phone No. (*Office/Home): _____ Fax No.: _____

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Personal Information Collection Statement

1. The information provided by me will be used for purposes relating to the application for membership registration.
2. The Hong Kong Society of Nephrology Ltd. may give all or some of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, I have a right of access and correction with respect to personal data.
4. The personal data provided by means of this form shall be used by the Hong Kong Society of Nephrology Ltd. for processing of my application and to facilitate communication between Hong Kong Society of Nephrology Ltd. and myself.
5. I hereby authorize do not authorize (please tick the box where appropriate) to the release of my personal correspondence with the Hong Kong Society of Nephrology Ltd to other nephrology related bodies.

Signature

Date