



## 2010-11 Membership Application/Renewal

I. Application  New Member  Renewal

### II. General Information

Please write in block letter

Name: _____
Hospital: _____
Department: _____

10-11年度  
會費全免

Employment:  HA permanent  HA contract

Government  University

Pager/mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

HKID Card No: ( \_ ) \_ \_ \_ \_ XX(X) Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send enquiry about your membership by email to: [rosettepda@gmail.com](mailto:rosettepda@gmail.com)

Please return by fax at 2111-2482 or HA internal mail

請沿虛線摺疊 FOLD HERE

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To : Hong Kong Public Doctors' Association  
Geriatric Day Hospital  
4/F Yaumatei Specialist Clinic Extension  
143 Battery Street  
Yaumatei  
Kowloon

Through HA Internal-mail

請沿此線對摺 FOLD HERE  
請用膠水封口，切勿用釘書釘  
Seal with glue. Do not use staples.