

Application Form

Life Associate-membership of Vascular and Interventional Radiology Foundation

(Please complete this form in BLOCK or TYPE SCRIPT letters. Please give a "√" in the appropriate box. Photocopy of this form is acceptable)

PERSONAL INFORMATION

Title : _____ Professor Dr. Mr. Ms.

First name : _____ Last name : _____

Job title : _____

Department : _____

Organization : _____

Address : _____

Country : _____

Tel : () Fax : ()

E-mail : _____

Membership fee

Doctors HK\$150

Paramedical HK\$100

Students HK\$50

Application procedure

1. Download and complete the application form.
2. Prepare a cheque for membership fee payable to "Vascular and Interventional Radiology Foundation".
3. Send the application form and cheque to Vascular and Interventional Radiology Foundation, Room 604, Capitol Center, 5-19 Jardine's Bazaar, Causeway Bay, Hong Kong.

I would like to apply for life associate-membership of Vascular and Interventional Radiology Foundation.

Signature : _____ Date : _____