



Hong Kong Psychosomatic Society

香港心身健康學會

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MEMBERSHIP APPLICATION FORM

Name: _____ (_____)
(English) (Chinese)

Gender: Male Female

Correspondence Address: _____

Telephone: _____ **Fax:** _____

E-mail address: _____

Practice: Private Public

Occupation / Post: _____

Institution (if applicable): _____

Specialty: Psychiatry Medicine Surgery

Orthopaedic Surgery Family Medicine/General Practice

Others: _____

Signature

Date

Please return the completed form by:

1. Post to:

Hong Kong Psychosomatic Society (Attention : Dr. Poon Yuan Ling)

Room 738, 7/F, Nan Fung Centre,

264-298 Castle Peak Road, Tsuen Wan,

New Territories.

OR

2. Fax : (852) 2372 0107

OR

3. E-mail: contact@hkpsychosomatic.com

For any enquiry, please contact us by e-mail.