

# Hong Kong Society of Magnetic Resonance Imaging Technology

## Life Membership Application

Member ID#

### 1. APPLICANT INFORMATION # (Please print)

Name \_\_\_\_\_

Title : Mr. / Mrs. / Ms. / Dr.

Qualification \_\_\_\_\_

Rank : \_\_\_\_\_

Addresses (Please provide both AND check preferred mailing address)

Office \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Home \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I would like to be informed of the latest information of the Society through email?

### 2. Primary workplace & present employment

University     Industry     H.A.     Private hospital     Private Clinic

Other \_\_\_\_\_

Present Employer \_\_\_\_\_

### 3. Procedure of application

Please mail or fax the completed application form to **HKSMRIT, MRI Centre, Dept. of Diagnostic Radiology, Tuen Mun Hospital, Tuen Mun, N.T. Hong Kong. [Fax no.: 852-24632551]** Member card will be issued to the member in 4-6 weeks time.

*I agree with the objectives of the HKSMRIT and wish to apply for membership*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

# All personal information gathered will be kept strictly confidential and use for the purposes of the Society only.