



APPLICATION FOR ADMISSION (ASSOCIATE MEMBER)	For Office Use only
	Application No.:

Notes to Applicant:

A. Please send completed application form together with the following documents to the Hon. Secretary of the HKSCPO.

1. A crossed cheque of \$200 for the non-refundable Application Fee payable to “Hong Kong Society of Certified Prosthetist-Orthotists”

2. Documentary proof of your completion of recognized Prosthetics or/and Orthotics Programme

B. Please refer to the Membership Application Guidelines obtained from www.hkscpo.org for details.

PERSONAL PARTICULARS

Name (English)				PHOTO
Name (Chinese)				
HKID No.		Nationality		
Date of Birth		Sex	<input type="checkbox"/> M <input type="checkbox"/> F	
Mobile Tel. No.		Office Tel. No,		
E-mail Address			Fax No.	
Mailing Address				
Employer				
Office Address				

DECLARARTION

I declare that:

I understand that all information provided will be used for the purposes relating to my application for HKSCPO Membership in accordance with the certification procedures of the HKSCPO, and will become part of my membership record upon my admission to the Society. My information submitted will be destroyed after one year or if my application is unsuccessful .

The information given in support of this application is accurate and complete. I understand that the HKSCPO reserves the right to cancel my application or membership at anytime if any of the information given in this application is found untrue.

Signature of Applicant: _____ Date: _____

**The membership is based on every fiscal year which runs from 1st January to 31st December of the same year. Annual subscription is needed for renewal of membership.*