



Hong Kong Society of Certified Prosthetist-Orthotists
香港義肢矯形師學會

APPLICATION FOR ADMISSION (RETIRED MEMBER)	For Office Use only
	Application No.:
Notes to Applicant: A. Please send completed application form to the Hon. Secretary of the HKSCPO. B. Please refer to the Membership Application Guidelines obtained from www.hkscpo.org for details.	

PERSONAL PARTICULARS			
Name (English)		Name (Chinese)	
HKID No. (First 4 digits)		Nationality	
Date of Birth	(mm/yy)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Mobile Tel. No.		Retirement Date	(mm/yy)
E-mail Address			
Mailing Address			

DECLARATION
I declare that: I am fully retired from the profession and understand that Retired Members are exempted from the CPD requirements and the annual subscription fee is waived. Retired Members are <u>NOT</u> allowed to use the professional title [CPO(HK)/CP(HK)/CO(HK)] and have <u>NO</u> voting right. I understand that all information provided will be used for the purposes relating to my application for HKSCPO Membership, 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: _____