

HKPodA Correspondence
G.P.O. Box 73511
Kowloon, Hong Kong
Email: contact@hkpoda.org
Website: <https://www.hkpoda.org/>

Membership No. _____

Approved by _____



Membership Application Form

(Please complete all parts, use additional sheets if necessary)

A. Personal Information

Name (in English)	_____			Chinese	_____
Date of Birth	_____	Sex	_____	HKID/Passport No.	_____
Home Address	_____				
Telephone No.	_____	(mobile)	_____	(Home)	_____ (Office)
e-Mail	_____	Nationality	_____	Marital Status	_____

Reference: (Registered member name)

Signature of Reference member

B. Employment History (Please provide current employment record if applicable)

Employer	Period

Present Employment Address: _____

Post Title: _____

C. Professional Membership (Please submit copy of Membership Certificate)

Type of Membership	Name/Location of Professional Bodies	Date of Attainment (MM/YY)

D. Qualifications (Please submit copy of certificate/diploma and complete in chronological order)

Name of Qualifying University/School	Examination result/level of Qualification	Name of Award and Date (MM/YY)

E. Declaration

1. I declare that the above information is correct and I undertake to notify the Executive Committee of Hong Kong Podiatrists Association immediately if there is any change to the information given above;
2. I understand that if I give false or incorrect information in this application will render my application for membership invalid.

Signature of Applicant : _____

Name in Block Letters : _____

Date : _____

Remarks: Please mail the application form and supplementary information to HKPodA correspondence: G.P.O. Box 73511, Kowloon, Hong Kong and email the scanned copy to Email: contact@hkpoda.org.