



## Membership Application Form

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese if any)

Title: Prof. / Dr. / Mr. / Mrs. / Miss HK Identity Card No : ( ) □ □ □ □ XX(X)

Profession (please tick):

\_\_\_ Dental Practitioner (please state your specialty if you are a specialist): \_\_\_\_\_

\_\_\_ Medical Practitioner (please state your specialty if you are a specialist): \_\_\_\_\_

\_\_\_ Dental Hygienist or Dental Ancillary personnel (please specify): \_\_\_\_\_

\_\_\_ Nurse or other allied health professionals (please specify): \_\_\_\_\_

\_\_\_ Social worker

\_\_\_ Others (please specify): \_\_\_\_\_

\_\_\_ Student (please specify the course you are taking): \_\_\_\_\_

Contact Tel: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I wish to apply for the membership of the Hong Kong Special Care Dentistry Association under the following category: (please tick) :

Ordinary

Associate

Student

### Statement on Personal Data Collection

- All the personal data are provided on voluntary basis. They will be used by the **Hong Kong Special Care Dentistry Association** for the purposes of processing of membership application and communication among members of the Association.
- The personal data provided are mainly for use within the **Hong Kong Special Care Dentistry Association**. They may only be disclosed to the **Evangel Hospital** for service to the community or to parties where for whom you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
- You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance.
- Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to: The Honorary Secretary, **Hong Kong Special Care Dentistry Association**, Shops E13-15, G/F, Cho Yiu Centre, Cho Yiu Chuen, Kwai Chung, N.T. or by email to [hkseda.info@gmail.com](mailto:hkseda.info@gmail.com)

Proposer: \_\_\_\_\_  
Name Signature

Seconder: \_\_\_\_\_  
Name Signature

### Declaration

- I agree with the vision, missions and objectives of the **Hong Kong Special Care Dentistry Association**, and understand its member's privileges.
- I understand the statement of collection of personal data and abide by it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notes :

- Application Fee for Ordinary or Associate Membership :HK\$200  
Student Membership:HK\$100
- Annual Fee: HK\$ 200 (Ordinary and Associate Membership)  
HK\$ 100 (Student Membership)  
\*\*The Annual Fee for the first year will be waived upon application for membership  
\*\*Transition of Student Membership to Ordinary or Associate Membership will not incur a second application fee.
- Send the completed application form with a cheque made payable to the "**Hong Kong Special Care Dentistry Association Limited**" to the Honorary Treasurer at Shops E13-15, Cho Yiu Centre, Cho Yiu Chuen, Kwai Chung, N.T.

### Official Use:

Approval for admission to membership: Yes / No Date: \_\_\_\_\_

Amount of Fee received : \$ \_\_\_\_\_ (Application Fee) Cheque No: \_\_\_\_\_

Receipt Number: