

To: Dr. Ludwig Chun-hing TSOI  
Hon Secretary, The Federation of Medical Societies of Hong Kong  
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### Information Update on Member Society

**Name of Society/Association:** \_\_\_\_\_  
**Website Address (URL):** \_\_\_\_\_  
**No. of voting members:** \_\_\_\_\_  
**Month of AGM** \_\_\_\_\_  
**Council for the Year** \_\_\_\_\_ - \_\_\_\_\_  
**Effective Date** \_\_\_\_\_ - \_\_\_\_\_

<b><u>President</u></b>	(Mr / Mrs / Ms / Dr / Prof)
Name:	_____ (English) _____ (Chinese)
	(Surname) (Given Name)
Correspondence Address:	_____ _____
Telephone No.:	_____ (Office) Mobile No.: _____
Fax No:	_____ Email: _____
Effective From:	_____ (MM/YYYY) Council Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>Hon. Secretary</u></b>	(Mr / Mrs / Ms / Dr / Prof)
Name:	_____ (English) _____ (Chinese)
	(Surname) (Given Name)
Correspondence Address:	_____ _____
Telephone No.:	_____ (Office) Mobile No.: _____
Fax No:	_____ Email: _____
Effective From:	_____ (MM/YYYY) Council Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b><u>Hon. Treasurer</u></b> (Mr / Mrs / Ms / Dr / Prof)	
Name:	_____ (English) _____ (Chinese) (Surname) (Given Name)
Correspondence Address:	_____ _____
Telephone No.:	_____ (Office) Mobile No.: _____
Fax No:	_____ Email: _____
Effective From:	_____ (MM/YYYY) Council Representative: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Note: Please fill in the following section if the President, Hon. Secretary or Hon. Treasurer is NOT the Council Representative of your Society/Association.**

<b><u>Council Representative</u></b> (Mr / Mrs / Ms / Dr / Prof)	
Name:	_____ (English) _____ (Chinese) (Surname) (Given Name)
Correspondence Address:	_____ _____
Telephone No.:	_____ (Office) Mobile No.: _____
Fax No:	_____ Email: _____
Effective From:	_____ (MM/YYYY)

**Signature**

\_\_\_\_\_

**Name**

\_\_\_\_\_ (in Block Letters)

**Position**

\_\_\_\_\_

**Date**

\_\_\_\_\_