



Membership Application Form

Name: (English) _____ Name: (Chinese) _____
Sex: _____ Age: _____ HKID No / Passport No : _____
Qualification : _____
Employment : HA / GS, DH / University / Private Institute
Post : _____
Serving Unit : _____
Hospital / Institution : _____
Correspondence Address : _____

Contact No - Office : _____
- Home : _____
- Pager / Mobile: _____
Fax No (Office) : _____
E-mail : _____
Field of Interest in Cytology : _____
Suggestions / Comments to HK Society of Cytology : _____

Signature : _____ Date : _____

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Nomination:

The applicant must be nominated and seconded by Medical or Non-medical members of the Society. Both of them will attest to your character and professional standards.

1. Nominated by (Name): _____ Signature: _____
Hospital / Laboratory : _____
Address: _____
2. Seconded by (Name): _____ Signature: _____
Hospital / Laboratory : _____
Address: _____

* Please send completed form and a cheque of \$200 payable to “Hong Kong Society of Cytology” and send to Assistant Secretary, Ms Elaine Szeto, Postal address: Rm317, Clinical Pathology Building, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong.

Enquiry: Email: cytology@cytology.org.hk Website: www.cytology.org.hk

Objects

1. to provide a forum for the exchange of ideas on the scientific concepts of cytology, on the interpretation and reporting of cytological findings and on the technical aspects of the speciality;
2. to foster an interest in the training, status and conditions of employment of cytologists within Hong Kong SAR, China;
3. to endeavour to achieve uniformity in the interpretation and reporting of cytological findings;
4. to advance the knowledge and standards of cytology in the SAR by means of seminars, lectures, case conferences and other appropriate means including the publication of relevant material in existing medical or technical journals or by the publication of broadsheets or on the world wide web;
5. to encourage research in cytology;
6. to establish liaison with similar bodies having similar aims in China and other countries;

and its instrumentalities, the Academy of Medicine, the HK College of Pathologists, the HK Society of Medical Technology Association, HK Associations of Medical Societies and other organizations representing the interests of the professions and health services.

Membership

1. **Medical members:** These shall be registered medical practitioners who engage in the practice of clinical, diagnostic and general cytology.
2. **Non-medical members:** These shall be graduates in medical laboratory science (or its equivalent) of a University or other Institute of Tertiary Education or persons who hold the Certificate of Competence in Cytotechnology of any Society of cytology or an equivalent qualification, who are not registered medical practitioners but who are engaged in the practice of clinical, diagnostic and general cytology.
3. **Associate members:** These shall be persons interested in cytology not eligible to be Medical or Non-medical members.
4. **Honorary Life members:** Distinguished workers in clinical, diagnostic and general cytology who have played a prominent part in the development of the speciality.

(Only Medical members and Non-medical members have the voting right)

Personal Data

The personal data so provided are mainly for the use within the Society but they may also be disclosed to other relevant parties for the purposes mentioned in the objects above. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Subscription

1. The entrance fee to the Society shall be HK\$100.00
2. The annual membership fee of the Society for Medical members, Non-medical members and Associate members is HK\$100.00