



THE UNIVERSITY OF HONG KONG
MEDICAL ALUMNI ASSOCIATION (HKUMAA)
REPLACEMENT OF MEMBERSHIP CARD FORM

To: HKUMAA Secretariat
 c/o Medical Faculty Office
 G/F, Faculty Administration Wing, LKS Faculty of Medicine
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Name in English	Professor / Dr / Mr / Miss / Ms / Mrs *		
Name in Chinese		Gender	M / F *
HKID/ Passport*		Date of Birth	DD / MM / YYYY
Home Address			
Office Address			
Phone No.	(Home)	(Office)	(Mobile/Pager)
E-mail		Fax No	
Degree(s) of Curriculum		Year of Graduation	
Area(s) of Specialty			

*Please delete as appropriate

Membership Card Replacement fee: HK\$50

Payment Method	<input type="checkbox"/> Cheque (Submit a cheque for membership fee, payable to "The University of Hong Kong Medical Alumni Association".)
	<input type="checkbox"/> Paypal (A payment request email will be sent to the email address provided upon the receipt of your application form. Click "Pay Now" in the email and you will be directed to PayPal page to make the payment online by credit card.)

The undersigned agrees that the personal data provided above can be used by:

1. the Alumni Association for furtherance of the objectives stipulated in the Articles of Association;
2. the Alumni Association for internal communication purposes; and
3. the University of Hong Kong for communication with graduates.

Date: _____ Signature: _____

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