



Society for the Promotion of Hospice Care

SPHC MEMBERSHIP REGISTRATION FORM

* Please delete where appropriate

** Please tick where appropriate

PERSONAL INFORMATION

Name: *Mr / Mrs / Ms / Dr / Prof _____
Family Name Given Name

Correspondence Address: _____

Day-time Tel. No.: _____ Fax No: _____

E-mail Address: _____

MEMBERSHIP TYPE **

_____ I wish to apply for a Life Membership (subscription fee **HK\$2,000**)

_____ I wish to *apply for / renew my annual membership (annual subscription fee **HK\$200**)

PAYMENT **

_____ Please find enclosed my cheque made payable to "The Society for the Promotion of Hospice Care"

_____ Please charge my credit card account as below.

CREDIT CARD DETAILS **

_____ VISA _____ Master Card _____ American Express

Cardholder's Name: _____ Expiry Date (mm/yy): _____

Card No.: _____ Cardholder's Signature: _____

Signature: _____

Date: _____

For office use:

*Please complete and send this form back with your payment to the Society
by post at **No 18, A Kung Kok Shan Road, Shatin, N.T., Hong Kong**
or by fax at **2336 2776**.*

Thank you!

The Society for the Promotion of Hospice Care 善寧會

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