

HONG KONG SOCIETY OF PAEDIATRIC DENTISTRY

APPLICATION FOR MEMBERSHIP

I wish to apply for ordinary/associate/affiliate/student membership of the Hong Kong Society of Paediatric Dentistry. My particulars are as follows:

Name (Prof/Dr/Mr/Ms/Miss) _____
Surname Other Names Chinese

Sex _____ Date of Birth _____

Qualifications (Dental Schools & Dates) _____

Professional Address _____

Postal Address _____

E-mail address _____ Telephone No. _____ Fax No. _____

I enclose herewith: Entrance Fee:

For all new members, including Student Members (HK\$100) _____

Annual Subscription:

Ordinary Member (HK\$200)

Associate/Affiliate Member (HK\$100)

Student Member (Free)

Total: _____

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and I agree to abide by the Rules and Bye-Laws of the Society. My subscription will be renewed annually on January 1st.

Signature of Applicant Date

Proposed by Name Signature

Seconded by Name Signature

Note: Applicants should be proposed and seconded by Ordinary Members of the Society. Please return the completed form to Hon. Secretary c/o Paediatric Dentistry & Orthodontics, 2/F The Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong.

For Office Reference Only:

Cheque No.: _____ Signature of President: _____

Bank: _____ Date of Admission: _____

Cash: _____

Statement of Purposes in respect of Collection of Personal Data

Purpose of Collection

1. The data provided will be used by the Hong Kong Society of Paediatric Dentistry for evaluating the oral health care sequence cards project. All the personal data are provided on voluntary basis.
2. The Personal data provided are mainly for use within the Hong Kong Society of Paediatric Dentistry. They may only be disclosed to parties where for whom you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
3. You have the right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance.
4. Enquiries concerning the personal data collected by means of this instrument, including requests for access to and correction of data, should be directed to the Honorary Secretary, Hong Kong Society of Paediatric Dentistry, Paediatric Dentistry and Orthodontics, 2/F., Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong

個人資料收集聲明

收集資料的目的

1. 所提供的個人資料，主要由香港兒童齒科學會用於評估口腔健康卡。所有提供的個人資料均為自願的。
2. 所提供的個人資料，主要由香港兒童齒科學會內部使用。資料只會在其本人同意，又或是《個人資料（私隱）條例》所容許下，才會向其他相關人士披露。
3. 根據《個人資料（私隱）條例》第 18 條及 22 條以及其附表 1 第 6 原則所述，閣下有權查閱及修正個人資料。

查閱及更正資料的要求收集的個人資料有任何查詢，應直接聯絡香港兒童齒科學會名譽秘書，香港香港西營盤醫院道 34 號香港大學菲臘牙科醫院兒童齒科及矯齒科。