

MEMBERSHIP APPLICATION FORM

Please tick as appropriate: new or renewal application

Application for: 1-year Full / 3-year Full / Student / Corporate* Membership of HKSMS (* Please delete as appropriate.)

Section A - Personal Details

Prof / Dr / Mr/ Mrs / Ms / Miss / Others (please specify)*: _____ (* Please delete as appropriate.)

Name: _____
(English) (Chinese)

Contact Address: _____

(If this is your work address, please include your institution / Organization name.)

Personal Tel: _____ Corporate Tel: _____ Fax: _____

Personal E-mail: _____ Corporate E-mail: _____
(Please consider to provide both personal and corporate emails and telephone numbers in case of career change.)

Academic qualifications: _____

Organisation / Institution: _____

Position held: _____

Primary MS applications*:

Chemical	Chinese Medicine	Clinical testing	Environ- mental	Food & Beverage	Forensic	Pharmaceu- tical	Proteomic Application	Others:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(* Please tick as appropriate.)

Please submit your CV which should include your educational background, work experiences, area of expertise and publications you have (if any).

HKSMS updates are generally circulated by e-mail only. Please tick the appropriate box if you prefer to receive these updates by other means: By fax By post

Your name, mailing address, e-mail address and MS applications will be released in the password-protected Members' Corner of the HKSMS webpage. Please tick below for any items which you **do not** want to display:

Name Mailing address E-mail address Primary MS applications

Section B - For Student Member only

Degree to be obtained: _____ Current year of study: _____

Institution: _____ Expected year of completion: _____

(Please provide proof of your full-time student status.)

Section C - Declaration

I, the undersigned, confirm that the information I have given on this Application Form and any attachment thereto is true and accurate to the best of my knowledge and belief and that I will abide by the decision of HKSMS in relation to this application.

Signature: _____ Date: _____

Annual subscription: Full - \$100, Student - \$50, Corporate - \$2000; 3-year subscription: Full - \$200

Submission by post

Please return the form and your CV with a crossed cheque payable to the "Hong Kong Society of Mass Spectrometry".

Hong Kong Society of Mass Spectrometry
c/o HOS Membership and Conference Mgt Co. Ltd.
Block B, 5th Floor, Lead On Building,
18 Ng Fong Street, Sanpokong, Kowloon, Hong Kong.

Submission by email or online

Please return the form and your CV with bank in slip to info@hksms.org or fill in your information and upload your payment slip online: <https://forms.gle/eXQbYfG846EJUsgX6>

Account Name: Hong Kong Society of Mass Spectrometry
Account Number: 004-049-682792-001
Bank: The Hongkong & Shanghai Banking Corporation Ltd. (HSBC)

Membership

Full members: academics or professionals from governmental institutions, universities, and industry

Student members: full-time students in academic institutions; Corporate members

Hong Kong Society of Mass Spectrometry

c/o HOS Membership and Conference Management Co. Ltd., Block B, 5th Floor, Lead On Building, 18 Ng Fong Street
San Po Kong, Kowloon, Hong Kong. Tel (852) 3568-3581; Fax (852) 3568-3582

Official Use

Application Received on:
Application Received by:
Application approved by the Council on: