

**CHANGE OF PERSONAL DETAILS**

Please fill in the information **only applicable to items that require** updating and send it back to Dr. Patrick T. F. WONG, Hon. Secretary by fax (3568 3582) or by email (info@hksms.org).

Please consider to provide both personal and corporate emails and telephone numbers in case of career change.

**Name:**  
Prof / Dr / Mr / Mrs / Ms / Others (please specify)

**Academic qualifications:**

**HKSMS membership category:**

**Organisation:**

**Position held:**

**Contact Address:**

For Student Member

**Institution:**

**Personal Tel:**

**Degree to be obtained:**

**Corporate Tel:**

**Year of study:**

**Fax:**

**Expected Year of completion**

**Personal E-mail:**

**Corporate E-mail:**

<b>Primary MS applications:</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical;	Chinese Medicine	Clinical Testing	Environ- mental	Food & beverage	Forensic	Pharmaceu- tical	Proteomics applications	Others: _____

**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:** \_\_\_\_\_