香港質譜學會

HONG KONG SOCIETY OF MASS SPECTROMETRY

CHANGE OF PERSONAL DETAILS

*Please fill in the information **only applicable to items that require** updating and send it back to Professor Zhe WANG, 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:

Degree to be obtained:

Personal Tel:

Year of study:

Corporate Tel:

Expected Year of completion

Fax:

Personal E-mail:

Corporate E-mail:

Primary MS applications:

☐	☐	☐	☐	☐	☐	☐	☐	☐
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:** _____