



香港外科醫學院

The College of Surgeons of Hong Kong

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Withdrawal from Ordinary Membership of CSHK

To: The Honorary Secretary
The College of Surgeons of Hong Kong
Room 601, 6/F, Hong Kong Academy of Medicine,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong (Fax: 2518 3200)

I write to inform you that I **(Full name in English in Block Letters)** _____ **(HKID/Passport No. _____)** would like to withdraw from the Ordinary Membership of the College of Surgeons of Hong Kong (MCSHK) on _____ **(Effective Date*)**

Signature _____

Date: _____

(*Please allow at least four weeks between your submission and your proposed effective date for processing of your application)

(Please send this completed form to the College Secretariat by post or by email at kilam@cshk.org or fax 2518 3200.)

Notes:

Hong Kong Academy of Medicine will be informed of your withdrawal from FCSHK.

Withdrawal from the Ordinary Membership of the College of Surgeons of Hong Kong

1. All paid annual subscription fees will not be refunded.
2. The name of applicant will be removed from the Register of the College of Surgeons of Hong Kong.
3. Withdrawal is **IRREVOCABLE**

For Office use ONLY:

Received date: _____

Name of Handling Staff: _____

Updated database:

Updated personal folder:

Copy to HKAM: