



HONG KONG ASSOCIATION FOR
ORAL AND FACIAL REHABILITATION

Membership Application Form

Please complete this form in BLOCK LETTERS and return to:

Association Secretariat

c/o Swire Travel Ltd. :

T: (852) 3151 8900 | F: (852) 2590 0099 | E: info@hkaofr.org

A: Unit 501 5/F Tower B, Manulife Financial Centre, 223 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong

Section A: Personal Details (* Mandatory)			
Title / Prefix: *	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
First Name: *		Surname:*	
Clinic / Organization:			
Address: * [Home / Working]# <small>(# Please cross out the inappropriate one)</small>			
Tel (Work) : *		Tel (Mobile):	
Email: *		Fax:	

Section B: Membership	
Full member <i>(All local and overseas dentists)</i>	<input type="checkbox"/> HK\$1,000 per annum
Affiliate member <i>(DSA, technicians)</i>	<input type="checkbox"/> Free
Student member <i>(Document proof is required)</i>	<input type="checkbox"/> Free

Note:

- (1) Please fill out the application form and send with membership fee by cheque payable to 'HKAOFR' to the Secretariat. The due date for the second year will fall on the date of the Annual General Meeting.
- (2) The personal data that is herewith collected by the Hong Kong Association for Oral and Facial Rehabilitation Limited (HKAOFR) is solely for the purposes of administration and communication, and provision of services and benefits by the Association. You may contact our Hon Secretary for access and correction of your personal data.

Signature _____ Date _____