

APPLICATION FOR MEMBERSHIP



Asian Breast Diseases Association Limited

Please send your signed application to the following address:

**Address: Asian Breast Diseases Association Limited
Department of Radiology
Kwong Wah Hospital
25 Waterloo Road, Kowloon
Hong Kong**

Website : <http://www.abda-breast.org>

CATEGORY OF MEMBERSHIP: FOUNDING/ORDINARY/HONORARY/ASSOCIATE/INTERNATIONAL		
PERSONAL PARTICULARS Name (<u>underline surname</u>): Salutation: Prof / Assoc Prof / Dr / Mr / Ms / Mdm		Photo
Date of Birth:		Place of Birth:
Sex:	Ethnic Group:	Nationality:
Office/Practice Address:		Tel No.: Handphone No: Fax No:
Home Address:		Tel No.:
E-mail Address:		
Mail to be sent to: Office/Practice Address: _____ Home Address: _____		

QUALIFICATIONS / POSTGRADUATE STUDIES		
Year	Institution	Qualification

Subspecialty interests: (1) _____

(2) _____

Brief description of current area of work:
