



# APPLICATION FOR MEMBERSHIP

I wish to Apply for Ordinary / Associate / Student Membership / Life Membership of the Society of Preventive Dentistry of Hong Kong.

English Name ..... Chinese Name .....

(Surname)

(Other names)

(If any)

Title **Prof / Dr / Mr / Ms / Miss** ..... Sex ..... Date of Birth .....

(DD/MM/YYYY)

Qualifications .....  
(Dental Schools & Year)

Address .....

Email ..... Tel ..... WhatsApp .....

(If any)

I enclose here with subscription:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Ordinary Member</b> (HKD 200)*            | Registered dentist   |
| <input type="checkbox"/> <b>Associate/Affiliate Member</b> (HKD 100)* | Para-dental / Medical / Para medical personal                        |
| <input type="checkbox"/> <b>Student Member</b> (HKD 100)*             | Undergraduate student / Student dental therapist / Student hygienist |
| <input type="checkbox"/> <b>Life Member</b> (HKD 2,000) <sup>+</sup>  | Registered dentist   |

I agree to abide by the Rules and Bye-Laws of the Society.

.....  
Signature of Applicant

.....  
Date (DD/MM/YYYY)

Please send the completed form with crossed cheque payable to **Society of Preventive Dentistry of Hong Kong Limited** to **Hon. Secretary c/o, Room 3B26, Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong**

\* The membership fee is valid from 1 July to 30 June

<sup>+</sup> One time payment only

## FOR OFFICE REFERENCE ONLY

Cash / Cheque No. .... Bank Name .....

Signature of President ..... Date .....

(DD/MM/YYYY)

Admission Date ..... Membership No. ....

(DD/MM/YYYY)

# STATEMENT OF PURPOSES IN RESPECT OF COLLECTION OF PERSONAL DATA

## 個人資料收集聲明

### PURPOSE OF COLLECTION

1. All the personal data are provided on voluntary basis.
2. The personal data provided are mainly for use within the Society of Preventive Dentistry of Hong Kong. They may only be disclosed to parties where for whom you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
3. You have the right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance.
4. Enquiries concerning the personal data collected by means of this instrument, including requests for access to and correction of data, should be directed to the Honorary Secretary, the Society of Preventive Dentistry of Hong Kong, 3B26, Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong

### 收集資料的目的

1. 所有提供的個人資料均為自願的。
2. 所提供的個人資料，主要由香港預防齒科學會內部使用。資料只會在其本人同意，又或是《個人資料（私隱）條例》所容許下，才會向其他相關人士披露。
3. 根據《個人資料（私隱）條例》第18條及22條以及其附表1第6原則所述，閣下有權查閱及修正個人資料。
4. 任何有關收集個人資料的查詢，包括查閱及更正資料，應直接聯絡香港預防齒科學會名譽秘書，香港西營盤醫院道34號菲臘牙科醫院3B26室香港預防齒科學會。