



NOTIFICATION OF CHANGE OF CORRESPONDENCE ADDRESS / OTHER INFORMATION

With effect from , please change my record as follows:

New Correspondence Address (Address Type: Residence Office Other)

New Practice Type

Transfer from Public to Private

Public (Hospital Transfer from _____ to _____)

Other (Please specify: _____)

New Contact Number

Tel. No.: _____ Fax. No.: _____

Mobile/Pager: _____ E-mail: _____

Name (in Block Letters)

Signature

Membership Status

Date

Please return by fax (852) 2873 4077 or mail to The Secretariat, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9th Floor, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong