

Name in English: _____
(Surname) (First Name)

HKDA Membership Number: (If Applicable)

Email: _____

Administrators	
<input type="checkbox"/>	<p>Department of Health (DH) Tel: 2961 8798 Fax: 2573 0518 <i>Remarks: Applicable for Government Dental Officers only. No fee required.</i></p>
<input type="checkbox"/>	<p>Hong Kong Dental Association (HKDA) Tel: 2528 5327 Fax: 2529 0755 <i>Remarks: Enrollment fee for HKDA members is HK\$500 and for non-members is HK\$1,500 for the whole cycle of 3 years (2008-2010). Please complete this form and enclose a cheque of the right amount payable to “Hong Kong Dental Association Ltd” and send to HKDA, 8/F, Duke of Windsor Social Services Building, 15 Hennessy Road, Wanchai, HK.</i></p>
<input type="checkbox"/>	<p>The College of Dental Surgeons of Hong Kong (CDSHK) Tel: 2871 8866 Fax: 2873 6731 <i>Remarks: Enrollment fee is HK\$1,000 for the whole cycle of 3 years (2008-2010). HK\$2,000 will be charged as administrative fee if application is received after 30 June 2009. Cheque made payable to “The College of Dental Surgeons of Hong Kong” should accompany this Form and send to CDSHK, Rm 902, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Rd., Aberdeen, HK.</i></p>

(Date)