



Secretariat: Room 1302, Office Tower Two, Grand Plaza, 625 Nathan Road, Kowloon  
 Voice mail system: 852-3126 9938  
 Fax: 852-3126 9980  
 Website: www.hkspo.org.hk



**\*Membership Application/ Renewal 2021**

**Name** \*Mr/Ms/Dr/Prof. \_\_\_\_\_ (English) \_\_\_\_\_ (中文)

**Membership Number** \_\_\_\_\_ (Existing members only) **Registration Number OP** \_\_\_\_\_

**I am / am not practicing optometry.**

Practice type: ( ) Optical shop, ( ) optometry centre/clinic, ( ) Academic institution, ( ) Government

Position / role: ( ) Owner / manager, ( ) supervisor, ( ) student, ( ) optometrist, ( ) others: \_\_\_\_\_

“may select more than one item”

**Correspondence address in English (Existing members: Please fill in even if no change)**

\_\_\_\_\_  
 \_\_\_\_\_

**Telephone numbers (Existing members: Please fill in even if no change)**

**Office** \_\_\_\_\_ **Home** \_\_\_\_\_ **\*Mobile/Pager** \_\_\_\_\_

**Fax number** \_\_\_\_\_ **\*\* Email address** \_\_\_\_\_

**Email address for Facebook** \_\_\_\_\_

*\*Delete as appropriate*

*\*\*Members **must** provide an email address for efficient communication*

**Qualifications** (For existing members, please provide a photocopy of each new qualification. For new applicants, please provide one photocopy of each relevant qualification.):

\_\_\_\_\_

**CEO Journal**  Electronic version  Not required

**Declaration**

I hereby \*request that my membership will be renewed for the year 2021. I declare that the information I provided above is true and correct to the best of my knowledge and belief and I have no previous offence or conviction involving fraud, dishonesty or professional misconduct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note:**

1. The membership year begins on **1<sup>st</sup> January** and ends on **31<sup>st</sup> December** in any one year.
2. All personal data provided shall be exercised subject to and in accordance with the provisions of the Personal Data (Privacy) Ordinance.
3. 50% of membership will be charged when you join on or after 1 July.

**Membership Subscription (HK\$1,200 for new application/ renewal)**

Payment options (For options 1-3, you have to send a copy of the payment proof with your name and membership number to Whatsapp: 5544 5724, Email: secretariat@hkspo.org.hk or Fax: 31269980):

- 1) **Direct bank transfer: Hang Seng Bank account no.: 232-070185-001**, Account name: The Hong Kong Society of Professional Optometrists Limited
- 2) **By HK Faster Payment System (FPS):-** Mobile 5544 5724 or ID 160265013
- 3) **Payme** at the paycode at the right top corner.
- 4) Enclose a crossed **cheque** with your name and membership number written on the back, payable to “**The Hong Kong Society of Professional Optometrists Ltd.**” and mail to Room 1302, Office Tower Two, Grand Plaza, 625 Nathan Road,