



## Medical & Healthcare Chapter of DSOBA

### Membership information

Full name (English)*	
Full name (Chinese)*	
Year of Graduation (F5)*	
Profession * (Doctor, Academic, Dentist, etc.)	
Current affiliation * - hospital / institute - department	
Specialty * (official recognized)	
Email address	
Mail Address (only required if email address is not available)	
Member of DSOBA	Yes [ <input type="checkbox"/> ]                      No [ <input type="checkbox"/> ] #

# To join membership, pls submit a DSOBA membership form (\$2000 For life membership)  
[www.dsoba.org](http://www.dsoba.org)

\* I agree for the above items marked \* to be listed on DSOBA (M&H Chapter website)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Pls return this form by email to Yuna (DSOBA) at [yuna.chan@dsoba.org](mailto:yuna.chan@dsoba.org) or by Fax 2761 0793 or by post to DSOBA, Diocesan Boys' School, Argyle Street, Kowloon*