

Hong Kong Veterinary Association (HKVA)
Student/Associate Membership form 2010

A. Personal Details

Title First Name Second Name Family Name Qualifications
.....
Preferred Name Order for mailings (please tick preference)
Western (Title/First/Family)..... Chinese (Title/Family/First/Second).....
Are you the Principal/Owner of a Clinic? Yes / No (please circle)
Mailing Address preference: Clinic/Business Personal/Home.....

Clinic/Business Details

Name
Address
.....
District
Region
Country
Clinic/Business Tel
Clinic/Business Fax
Clinic A/H No
Clinic/Business Email
Clinic/Business Website
Private Tel Line

Personal/Home Details

Address
.....
District
Region
Country
Tel
Mobile No
Fax
Email

B. Continued Professional Development

Would you like to receive reminders on upcoming CPD via
Email? Yes/No (please circle)
SMS to your mobile phone? Yes/No (please circle)

C. Registration Fee

- Associate Membership (non VSB registered vets/ vet assistants) HK\$200 _____
- Student Membership HK\$200 _____

Please send cheque payable to 'H.K.V.A. Ltd.' to: Medcom Limited, Room 504-5, Cheung Tat Centre, 18 Cheung Lee Street, Chaiwan, Hong Kong
For enquiry, please contact Francis Ho or Kit Tang at secretariat@medcom.com.hk

HKVA Website: www.hkva.org

Payment Details: Cheque No. Payment date.....