

## REPLY

To: Honorary Secretary  
Hong Kong College of Paediatricians  
Room 801, Hong Kong Academy of Medicine Jockey Club Bldg.,  
99 Wong Chuk Hang Road, Aberdeen  
Hong Kong

I accept / do not accept\* to become a Member of the Hong Kong College of Paediatricians and am willing to abide by the Oath of the College.

I do wish to have a Certificate, with a cheque of HK\$100 enclosed

I do not wish to have a Certificate

Signature \_\_\_\_\_

Name \_\_\_\_\_

Type of Membership: Member

Date \_\_\_\_\_

\* Delete as appropriate