



Membership Application Form

Part A (To be completed by applicant)		
Name	中文姓名	
_____	_____	_____
Rank	Discipline	
_____	_____	_____
Contact Tel	Office	Mobile Phone
	_____	_____
Email	(Internet)	Hospital (or Institution)
	_____	_____
Contact Address: _____		
Part B: Please supply the following information if any		
Relevant experience	Course Name	Period (mm/yyyy)
HazMat		
Toxicology		
Transport Medicine		
Tactical Medicine		
Disaster Management		
Membership Fee: Please send a cheque of HK\$50 made payable to "The Hong Kong Association For Conflict and Catastrophe Medicine Limited"		
Date	_____	(Signature)

Please send this application form and cheque by mail to: The Hong Kong Association for Conflict and Catastrophe Medicine Limited, P.O. Box 1210, Tsuen Wan Post Office. If you have any questions, please contact Mr. Chan at WhatsApp 5143 3172. Thank you.

Purposes of Collection

- The personal data provided by means of this form will be used by The Hong Kong Association for Conflict and Catastrophe Medicine Limited (HKACCM) for the following purposes:
 - Activities relating to the processing of your application in this form;
 - Maintenance of a register of your membership.
 - Correspondence with members for the activities of HKACCM.
- It is obligatory for you to supply the personal data as required by this form. If you fail to supply the required data, your application may be refused.

Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form. Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to the official address of HKACCM