



Hong Kong Prosthetic Dentistry Society

香港矯形牙科學會

c/o Prosthodontics, Block 3B, The Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong
Tel: (852) 2859 0305 Fax: (852) 2858 6114 E-mail: prosdent@hku.hk

Membership Application

The Hong Kong Prosthetic Dentistry Society was established in 1987 and is the longest running specialist dental society in Hong Kong. Its aims are:

- To encourage the study and clinical advancement of prosthetic dentistry.
- To promote dental health particularly in relation to prosthetic dentistry.
- To make recommendation or representation to the government or other appropriate authorities on matters connected with furtherance of good dental health or concerning changes in the law and legislation relating to dental practice or dentists in Hong Kong.
- To liaise with other dental societies locally and internationally.
- To protect the lawful interests of members in the Society.
- To perform any act which will further the objects of the Society.

The Hong Kong Prosthetic Dentistry Society meets several times each year to hear presentations by guest speakers on topics relevant to Prosthodontics, including fixed and removable prosthodontics, maxillofacial prosthetics, implantology and craniomandibular dysfunction. Membership is open to dental practitioners and parodontal staff who fulfill the relevant criteria below.

MEMBERSHIP CATEGORIES AND ELIGIBILITY *

Full Membership – Any person who is registered with the Hong Kong Dental Council and is in possession of either a specialist qualification in Prosthetic Dentistry or has undertaken in-service training in Prosthetic Dentistry.

Associate Membership – Any person who is registered with the Hong Kong Dental Council or the equivalent body of his/her country of domicile and maintains an active interest in Prosthetic Dentistry.

Affiliate Membership – Any person who holds a parodontal qualification or is a teacher of a subject allied to Prosthetic Dentistry.

SUBSCRIPTION

The annual subscription is **HK\$200**. Cheques should be crossed and made payable to ‘**Hong Kong Prosthetic Dentistry Society**’ and sent to the Treasurer, Hong Kong Prosthetic Dentistry Society, c/o Prosthodontics, The Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong.

The HKPDS has been approved as a CME provider by the College of Dental Surgeons of Hong Kong, Hong Kong Dental Association and the Dental Council of Hong Kong.

* *The granting of membership is subject to approval by the Executive Committee.*



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Application for New Membership (5/2017 – 4/2018)

Name & Title : _____
(as you wish it to appear on certificates of attendance.)

Address : _____

Telephone No. : _____ (Mobile) _____ (Office)

E-mail address : _____ Fax No. _____

Please tick here if you wish to receive future correspondence by e-mail.

Qualifications : _____

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Employment History (If applying for full membership)

Category of membership applied for : () Full*
() Associate
() Affiliate

Remarks:

*I **DO NOT** object my personal data to be used by Hong Kong Prosthetic Dentistry Society for direct marketing in respect of continuing education programmes organized, co-organized, arranged, coordinated, sponsored or otherwise involved by Hong Kong Prosthetic Dentistry Society.*

Signature of applicant

* Remarks: Please see details at the back.

For official use only

Membership : Accepted / rejected / renewal Date _____

Category : () Full () Associate () Affiliate

Applicant notified _____

Hon. Secretary