

**CHANGE OF PERSONAL DETAILS**

Please fill in the information **only applicable to items that require updating** and send it back to Dr Colton H F Wong, Hon. Secretary by fax (Fax: 2601 6564) or by email (info@hkmsms.org).

<b>Name:</b> Prof / Dr / Mr/ Mrs / Ms / Others (please specify)	<b>Academic qualifications:</b>
<b>HKSMS membership category:</b>	<b>Organisation:</b>
<b>Membership expiry date:</b>	<b>Position held:</b>
<b>Contact Address:</b>	<u>For Student Member</u>  <b>Institution:</b>  <b>Degree to be obtained:</b>  <b>Year of study:</b>
<b>Tel:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Primary MS applications:</b> <input type="checkbox"/> Chemical; <input type="checkbox"/> Chinese Medicine <input type="checkbox"/> Clinical Testing <input type="checkbox"/> Environmental <input type="checkbox"/> Food & beverage <input type="checkbox"/> Forensic <input type="checkbox"/> Pharmaceu-tical <input type="checkbox"/> Proteomics applications <input type="checkbox"/> Others: -----	

**Signature:** \_\_\_\_\_

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