



香港質譜學會

HONG KONG SOCIETY OF MASS SPECTROMETRY

CHANGE OF PERSONAL DETAILS

Please fill in the information **only applicable to items that require updating** and send it back to Dr Kelly W Y Chan, Hon. Secretary by fax (3568 3582) or by email (info@hksms.org).

Name: Prof / Dr / Mr/ Mrs / Ms / Others (please specify)	Academic qualifications:
HKSMS membership category:	Organisation:
Membership expiry date:	Position held:
Contact Address:	<u>For Student Member</u> Institution: Degree to be obtained:
Tel:	Year of study:
Fax:	
E-mail:	
Primary MS applications: <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: _____