

LETTER OF AUTHORIZATION

To: The Hong Kong Medical Association (the HKMA)

1. I, the undersigned, am a current member of MPS joined through the HKMA
2. I hereby give consent to the HKMA to disclose and transfer to the following hospital(s) (please the box(es)) my information on Membership Grade and MPS Membership Valid Period.

	Canossa Hospital	Hong Kong Baptist Hospital
<input checked="" type="checkbox"/>	CUHK Medical Centre	Hong Kong Sanatorium & Hospital
	Evangel Hospital	Matilda International Hospital
	Gleneagles Hospital Hong Kong	St. Paul's Hospital
	Hong Kong Adventist Hospital – Stubbs Road	St. Teresa's Hospital
	Hong Kong Adventist Hospital – Tsuen Wan	

3. The above authorization may be revoked by me by sending an advance notice of not less than 30 days in writing to the HKMA. Any notice so sent shall be addressed to the following address/fax/email of the HKMA:

The Hong Kong Medical Association
5/F Duke of Windsor Social Service Building
15 Hennessy Road, Wan Chai,
Hong Kong.
Fax: 2865 0943
Email: mps@hkma.org

Signature: _____

Name of Signatory: _____

HKID No.: _____

MPS Membership No.: _____

HKMA No.: _____

MCHK No.: _____

Date: _____

Please submit the signed form to The Hong Kong Medical Association by fax: 2865 0943 or by email: mps@hkma.org