



THE HONG KONG ACADEMY OF ORTHOKERATOLOGY LIMITED  
HONG KONG CORNEA & CONTACT LENS SOCIETY  
c/o Unit 1204, 12 F, Kowloon Building,  
555 Nathan Road, Kowloon  
email: secretariat@hkaok.org  
Phone: 2302-1833 Fax: 2735-7178



### Checklist for Application for Membership

Items	Completed
1. Application for Membership	
2. Signed HKAOK/HKCLS Membership Pledge and Agreement	
3. Copy of Annual Practicing Certificate	
4. Bank cheque: \$800 payable to  THE HONG KONG ACADEMY OF ORTHOKERATOLOGY LIMITED <b>Mailing address:</b> The Hong Kong Academy of Orthokeratology, c/o Unit 1204, 12F, Kowloon Building 555 Nathan Road, Kowloon	



THE HONG KONG ACADEMY OF ORTHOKERATOLOGY LIMITED  
HONG KONG CORNEA & CONTACT LENS SOCIETY  
c/o Unit 1204, 12 F, Kowloon Building,  
555 Nathan Road, Kowloon  
email: secretariat@hkaok.org  
Phone: 2302-1833 Fax: 2735-7178



## Application for membership

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Email address:</b>	
<b>Registration number: OP_____ (Others_____)</b>	
<b>Name &amp; Address of Practice (if applicable):</b>          <b>Corresponding address (if different from above):</b>          	
<b>English name to be printed on Membership Certificate:</b>	
<b>Professional Qualifications:</b>	
<b>Declaration</b> I declare that the above information is true to the best of my knowledge. I have no criminal offence, conviction involving fraud, dishonesty, professional misconduct.	
<b>Applicant's signature</b>	<b>Date</b>
<b>For office use only</b>	
Application: accept/ Not accept	Effective date:
Cheque No:	
Amount: HK\$	Bank:
Received by:	Date:



THE HONG KONG ACADEMY OF ORTHOKERATOLOGY LIMITED  
HONG KONG CORNEA & CONTACT LENS SOCIETY  
c/o Unit 1204, 12 F, Kowloon Building,  
555 Nathan Road, Kowloon  
email: secretariat@hkaok.org  
Phone: 2302-1833 Fax: 2735-7178



### ***HKAOK/HKCCLS Membership Pledge and Agreement***

*I understand that the mission of HKAOK/HKCCLS is to assure quality contact lens/orthokeratology care for the public. As a condition of membership in HKAOK/HKCCLS, I pledge myself to support the following Standards of Conduct.*

1. HKAOK/HKCCLS members shall be of good moral character and shall strive for excellence in orthokeratology practice to promote a positive image within the community
2. HKAOK/HKCCLS members shall be responsible for the consequences of their acts and shall do their best to ensure that services provided are appropriate, professional and ethical, and, when indicated, shall recommend alternate sources of care
3. HKAOK/HKCCLS members shall maintain the highest degree of professional competence by rendering services using up-to-date techniques and providing opinions that meet the highest standards of practice
4. HKAOK/HKCCLS members shall continue to engage and promote ongoing professional education and advancement of self and other members; to be flexible and open to new ideas and techniques to keep abreast with the changing health care system
5. HKAOK/HKCCLS members shall not make public statements, announcements and promotional activities that could be deceptive, fraudulent or misleading.

I hereby agree and pledge to the above.

<b>Applicant's signature</b>	<b>Date</b>
------------------------------	-------------