

**HONG KONG ACADEMY OF MEDICINE
NOMINATION FORM FOR THE ELECTION OF
FIVE COUNCIL MEMBERS**

We hereby nominate the following Fellow(s) of the Academy as candidate(s) for elected Council member(s) of the Academy Council.

	Nominee	Proposer	Seconder
(1)	_____ (Name in full)	_____ (Name in full)	_____ (Name in full)
	_____ (Signature)	_____ (Signature)	_____ (Signature)
(2)	_____ (Name in full)	_____ (Name in full)	_____ (Name in full)
	_____ (Signature)	_____ (Signature)	_____ (Signature)
(3)	_____ (Name in full)	_____ (Name in full)	_____ (Name in full)
	_____ (Signature)	_____ (Signature)	_____ (Signature)
(4)	_____ (Name in full)	_____ (Name in full)	_____ (Name in full)
	_____ (Signature)	_____ (Signature)	_____ (Signature)
(5)	_____ (Name in full)	_____ (Name in full)	_____ (Name in full)
	_____ (Signature)	_____ (Signature)	_____ (Signature)

This form must be returned to the Honorary Secretary, Hong Kong Academy of Medicine, 10/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. To be valid, it must be received in the Academy office not later than 5 p.m. on 10 September 2003.