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)
(2)	(Signature)	(Signature)	(Signature)
(2)	(Name in full)	(Name in full)	(Name in full)
(3)	(Signature)	(Signature)	(Signature)
	(Name in full)	(Name in full)	(Name in full)
(4)	(Signature)	(Signature)	(Signature)
	(Name in full)	(Name in full)	(Name in full)
(5)	(Signature)	(Signature)	(Signature)
	(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 reach the Academy office before 5:00 p.m. on 22 August 2025.