



## APPLICATION FORM FOR AFFILIATE MEMBERSHIP

### PERSONAL PARTICULARS:

Name in English: *(Surname first, Block Letters, Please)*: \_\_\_\_\_

Name in Chinese: \_\_\_\_\_ I.D. Card No.: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Correspondence Address  
 English (Mandatory): \_\_\_\_\_

Chinese: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E - mail Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_  
*(Name of organization)*

\_\_\_\_\_ *(Address)*

Position: \_\_\_\_\_

### PROFESSIONAL QUALIFICATIONS AND DATES OBTAINED:

Qualification	Date Obtained	Granting Authority

### CURRENT APPOINTMENTS:

Appointment	Institution/Practice

### PARTICULARS OF ACADEMIC ACHIEVEMENTS: (if any)

Research: \_\_\_\_\_

Publications, including theses and prize essays: \_\_\_\_\_

Experience in teaching: \_\_\_\_\_

Scholarship and prizes: \_\_\_\_\_

**PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:**

Type of Membership	Organization

I desire to become an Affiliate Member of the Hong Kong College of Family Physicians and I hereby given an undertaking that, on admission to the Hong Kong College of Family Physicians, I will:-

- (i) uphold and promote to the best of my ability the aims and objectives of the College; and
- (ii) observe the provisions of the Memorandum and Articles and such Regulations and Bye-laws of the College as may from time to time be in force.

I hereby enclose a cheque of HK\$ \_\_\_\_\_ being the entrance fee and subscription fee for the year \_\_\_\_\_

I consent to the personal data contained herein to be used by the College for all academic and administrative purposes.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The following to be completed by a Full Member of the College and who knows the above named personally and believes him/her to be a suitable person to be elected an Affiliate Member of the Hong Kong College of Family Physicians.

Recommended by: \_\_\_\_\_  
(surname first, Block letters please)

Signature: \_\_\_\_\_

*Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-804, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with:*

- 2 passport size photos
- A cheque for your entrance and subscription fee payable to “**The Hong Kong College of Family Physicians**” which will be returned in case of unsuccessful application

---

**For Office Use Only**

Entrance Fee: HK\$ \_\_\_\_\_ paid, Annual Subscription: HK\$ \_\_\_\_\_ paid for the year \_\_\_\_\_

Recommended/Not recommended by Membership Committee

Signed: \_\_\_\_\_  
Membership Committee

Date: \_\_\_\_\_