



# 香港家庭醫學學院 The Hong Kong College of Family Physicians

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

**Please note that in order to allow adequate time for processing, only applications received by the end of each month will be assessed in the council meeting of the following month.**

College's online membership directory is for public education and public access, It is approved by the Medical Council of Hong Kong. Please indicate your consent on the below information online by make a ✓ into the boxes ☐ of each item.. The information listed below would not be published unless your consent is received.

### PERSONAL PARTICULARS:

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

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

☐ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

☐ Address of Practice:(English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_

☐ Nature of Practice HA / DH / Private / Other: \_\_\_\_\_ (\*Delete whichever is inapplicable)

☐ Practice Telephone No.: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

Fax No. (1): \_\_\_\_\_ Fax No. (2): \_\_\_\_\_

E - Mail Address: \_\_\_\_\_

Correspondence Address

English (Mandatory): \_\_\_\_\_

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

### DEGREES AND OTHER QUOTABLE QUALIFICATIONS:

(As approved by the Hong Kong Medical Council)

Qualification	Date Obtained	Granting Authority

### REGISTRATION:

Registration Authorities	Registration Number	Date of Full Registration
Hong Kong Medical Council		

**TRAINING AND EXPERIENCE:****Hospital Appointments:**

Date		Hospital	Appointment & Remarks
From	To		

**General Practice Experience:**

Date		Place	*Type of Practice (Appointment of applicable)	Full/Part Time
From	To			

\* Type of Practice: Solo Practice/Group Practice/Private/Government/Institutional/Others (Please specify)

**CURRENT APPOINTMENTS:**

Appointment	Institution/Practice

**PARTICULARS OF ACADEMIC ACTIVITIES:** (Publications/Experience in teaching/Scholarships and prizes:)**PARTICULARS IN ADMINISTRATIVE EXPERIENCE:**

Offices held in medical associations and societies:

Other community services:

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

Type of Membership	Organization

I desire to become an Associate Member of The Hong Kong College of Family Physicians, and I hereby give 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;
- (ii) observe and comply with the provisions of the Memorandum and Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force; and
- (iii) undertake and continue approved post-graduate study while I remain in active practice in family medicine.

I hereby enclose a cheque being entrance fee HK\$850.00 and annual subscription fee HK\$400.00 / HK\$800.00 for year.  
<Please delete as appropriate>

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

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

FULL NAME: \_\_\_\_\_

The following to be completed by two sponsors, who are registered medical practitioners of good standing and who know the above named personally and believe him/her to be a suitable person to be elected an Associate Member of the Hong Kong College of Family Physicians. The proposer must be a Full Member/Fellow of the College.

**\* Sponsors are not required for Student Members applying for transfer to Associate Membership.**

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Surname first, Block letters please)

Name of Seconder: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Surname first, Block letters please)

Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm 803-804, 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
- a copy of your annual practising certificate issued by the Hong Kong Medical Council
- a copy of your graduation certificate if you are fresh medical graduate for the first 3 years after graduation

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**For Office Use Only**

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

Recommended /Not recommended by Membership Committee

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

Application for Associate Membership approved by the Council on \_\_\_\_\_