



APPLICATION FORM FOR NON-HKSAR MEMBERSHIP

PERSONAL PARTICULARS:

Name in English: _____
 (Surname first, Block Letters, Please)

Name in Chinese: _____ I.D. Card No.: _____

Sex: _____ Date of Birth: _____

Country of Domicile: _____

Place(s) of Practice: _____

Telephone No.: _____ Fax No.: _____

Correspondence Address: _____

_____ Telephone No.: _____

E-mail Address: _____

Hong Kong Correspondence Address (if applicable):

English (Mandatory): _____

Chinese: _____

DEGREES AND OTHER QUOTABLE QUALIFICATIONS:

(As approved by the Hong Kong Medical Council)

Qualification	Date Obtained	Granting Authority

REGISTRATION: (Please attached a certified copy of your registration document)

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

CURRENT APOINTMENTS/PRACTICE:

(Please include details such as specialty, type of practices, name of supervising consultant, if any)



PARTICULARS OF ACADEMIC ACHIEVEMENTS:

Research: _____
 Publications, including theses and prize essays: _____
 Experience in teaching: _____
 Scholarship and prizes: _____

PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:

Please indicate in details the following if applicable:

- (i) Previous criminal record or current criminal investigation in any jurisdiction.
- (ii) Previous medical council disciplinary record or equivalent in any jurisdiction.
- (iii) Current medical disciplinary investigation or proceedings in any jurisdiction.

I desire to become a Non-HKSAR 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 a member of the College.

I declare that:-

- (i) I have not practised in Hong Kong SAR for more than one year;
- (ii) I undertake to inform the College as soon as I resume remunerative medical practice in Hong Kong SAR; and
- (iii) I will keep the College updated with my address for correspondence.

I hereby enclose a cheque of HK\$ _____ being 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: _____

Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm701, 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 Official Use Only

Annual Subscription for the year _____ HK\$ _____ paid
 Recommended/Not recommended by Membership Committee

Signed: _____ Date: _____
 Membership Committee

Application for *Non-HKSAR/Transfer to Non-HKSAR Membership approved by the Council on _____

**Please delete as appropriate*