



APPLICATION FORM FOR STUDENT 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.: _____

E - Mail Address: _____ Fax No.: _____

Medical School Attending: _____ Year: _____

I desire to become a Student 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; and
- (ii) observe 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.

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: _____

The above named candidate is enrolled as a full time medical student in

_____ (Name of University)

Official Stamp:

Signed : _____

Name : _____
 (Surname first, Block Letters, please)

Position Held: _____

Date : _____

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 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 Student Membership approved by the Council
 on _____