



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

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TRANSFER 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.: _____

New Correspondence Address

English (Mandatory): _____

Chinese: _____

Telephone No.: _____

E-mail Address: _____

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, Room 701, HKAM Jockey Club Building, 99 Wong Chuk Hang, Road, Aberdeen, Hong Kong.

For Office 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 _____