



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

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APPLICATION FORM FOR AFFILIATE MEMBERSHIP

(Ver. 19 May 2017)

PERSONAL PARTICULARS:

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

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

Gender: _____ Date of Birth: ____/____/____
DD MM YYYY

Correspondence Address

English

(Mandatory): _____

Chinese: _____

Mobile Phone No.: _____ 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 being the entrance fee HK\$300.00 and subscription fee HK\$300.00 for year _____.

I consent the Hong Kong College of Family Physicians (HKCFP) using, holding, storing and disclosing my personal data for all academic and administrative purposes under HKCFP's Personal Data (Privacy) Policy which is accessible at www.hkcfp.org.hk.

Date: _____ Signature: _____

The following to be completed by a Full Member/Fellow 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: _____ (Member I.D.) _____ Signature: _____
(surname first, Block letters please)

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: _____ Date: _____
Membership Committee

Application for Associate Membership approved by the Council on _____