



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

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APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

(Ver. 19 May 2017)

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 The information listed below would not be published unless your consent is received.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.: _____

Mobile Phone No.: _____ Fax No.: _____

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 (for first 3 years after graduation) / HK\$800.00 for year _____. <Please delete as appropriate>

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: _____

FULL NAME: _____

The following to be completed by two nominators, 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.

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

Name of Proposer: _____ (Member I.D.) _____ Signature: _____
(Surname first, Block letters please)

Name of Seconder: _____ (Member I.D.) _____ 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

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 _____

Online Membership Directory – For Local Registered Doctors*

The HKCFP promotes the role of the Family Physician in the community. We are providing a voluntary membership directory for the general public on our website to further achieve this aim. Thank you all who have given the consent to make the directory a success.

As members of the HKCFP, we wish to include you on this list, so as to allow the general public to find a Family Physician in their district or community.

The College will soon update the online membership directory. If you wish to update or add your practice information in the online membership directory later, please kindly contact the College secretariat to obtain a form.

By Email: membership@hkcfp.org.hk

By Fax: 2866 0616

The information listed would not be published unless we have your clear instruction of consent. By doing so, you are voluntarily consenting to have this information available for the general public.

*All listed doctors must be registered with the Hong Kong Medical Council.