



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

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APPLICATION FOR MEMBERSHIP TRANSITION

(Ver. 19 May 2017)

Full Name : _____ (_____)
(Surname first, in capital letters please) (Chinese name)

Membership No: _____ MCHK No. _____ (please provide copy)

Please tick the as the correspondence address*:

Work: _____ (English)

_____ (Chinese)

Home: _____ (English)

Telephone*: _____ (Work) _____ (Home) _____ (Mobile)

Fax No.: _____ E-mail*: _____

I am applying for membership transition

from _____ membership to _____ membership.

I hereby give an undertaking that 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 to the sum of HK\$ _____, being the Annual Subscription Fee payable to "The Hong Kong College of Family Physicians" for the 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.

Signature: _____

Date: _____

* Information is required

For Office Use Only

HK\$ _____ paid

Approved by Membership Committee:

Signature: _____

Date: _____

Application approved by the Council on (date) _____