



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

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APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

(Ver. 19 May 2017)

- Affiliate Member Associate Member Fellows Full Member
 Student Member Non-HKSAR Fellow Non-HKSAR Member

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.

PERSONAL PARTICULARS:

Name in English: _____ Member ID.: _____
(Surname first, Block Letters, Please)

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

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

Place(s) of Practice: _____

Chinese: _____

Telephone No. (Home): _____ Telephone No. (Office): _____

Mobile Phone No. _____ Fax No.: _____

E - Mail Address: _____

Correspondence Address
 English (Mandatory): _____

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		

Please indicate in details the following if applicable:

- (i) Previous criminal record or current criminal investigation in any jurisdiction.
- (ii) Previous medical council disciplinary record or equivalent in any jurisdiction.
- (iii) Current medical disciplinary investigation or proceedings in any jurisdiction.

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 general practice.

I hereby enclose a cheque of HK\$ _____, being the sum of HK\$850.00 Reinstatement Fee and HK\$_____ Annual Subscription Fee 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.

Applicant Signature: _____ Date: _____

Checklist:

Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-4, 8/F, 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

Reinstatement Fee : HK\$_____ paid and
Annual Subscription : HK\$_____ paid for the year _____.

Recommended /Not recommended by Membership Committee

Signed: _____ Date: _____
Membership Committee

Approved by the Council on _____