



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

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## APPLICATION FORM FOR STUDENT 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: \_\_\_\_\_

Chinese (Optional): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

E - Mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Medical School Attending: \_\_\_\_\_ Year: \_\_\_\_\_

I desire to become a Student 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; and
- (ii) observe 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) I am a Year \_\_\_\_\_ full time medical student in \_\_\_\_\_ (Name of the University)

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](http://www.hkcfp.org.hk).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete and return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-4, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with:

- 2 passport size photos
- A copy of the validated University medical student card

### For Official Use Only

Recommended/Not recommended by Membership Committee

Signed : \_\_\_\_\_ Date : \_\_\_\_\_  
Membership Committee

Application for Student Membership approved by the Council on \_\_\_\_\_