



# Hong Kong Society of 香港醫療專業人士協會 Medical Professionals

## MEMBERSHIP APPLICATION FORM

### A. Membership Type: (Please tick as appropriate)

I would like to apply for

Ordinary Member

Associate Member

\* Ordinary membership - any qualified medical practitioner, registered dentist, registered nurse, registered pharmacist, registered allied health practitioner, registered medical social worker and other registered medical professional residing in Hong Kong

### B. Personal Particulars:

Title \_\_\_\_\_ Name in full (English) \_\_\_\_\_ Sex  M  F  
Dr/Prof/Mr/Ms surname first

Name in Chinese (中文姓名) \_\_\_\_\_ Year of Birth(optional) \_\_\_\_\_

Job Title \_\_\_\_\_ Profession \_\_\_\_\_ Specialty \_\_\_\_\_

Institution / Work Place \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

### C. Qualifications:

Academic Qualifications \_\_\_\_\_ Year Obtained \_\_\_\_\_

Professional Qualifications \_\_\_\_\_ Year Obtained \_\_\_\_\_

\_\_\_\_\_ Year Obtained \_\_\_\_\_

\_\_\_\_\_ Year Obtained \_\_\_\_\_

### D. Community Involvement

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposer# \_\_\_\_\_ Name in Block Letters \_\_\_\_\_

# Proposer must be ordinary members of Hong Kong Society of Medical Professionals

### Registration Fee

Admission Fee

Ordinary Member HK\$300

Associate Member HK\$100

Completed application form together a cheque made payable to "Hong Kong Society of Medical Professionals Limited" should be sent to Ms Winnie Tsang, Secretary, Hong Kong Society of Medical Professionals, Room 1 12/F Block B, Viking Technology & Business Centre. 93 Ta Chuen Ping St, Kwai Chung, NT, Hong Kong.

### For Office Use

Approval

Reject

Date of Admission \_\_\_\_\_

註: 本會確保有關個人資料符合香港法律個人資料(私隱)條例(第486章)的規定