

Online Form  
電子表格



Email [hkma@hkma.org](mailto:hkma@hkma.org) Fax 2865 0943

Address 5/F, Duke Of Windsor Social Services Building, 15 Hennessy Rd, Wan Chai

## Update of HKMA Membership Information

### 香港醫學會會籍資料更新

Name

姓名

HKID Card No.

香港身份證號碼

\*Only Enter the first 4 letters and digits, e.g. A123456(7), please enter A123 only.  
只須填寫頭 4 位英文字母及數字，如 A123456(7)，則只須填寫 A123。

Membership No.

會員編號

MCHK No. (if any)

醫委會註冊編號(如適用)

Gender

性別

M / F

### Contact 聯絡辦法

Office Tel.

公司電話

Home Tel.

住宅電話

Mobile Tel.

手提電話

Email

電郵地址

Fax

傳真

Fax

傳真

Whatsapp No.

(if applicable 如適用)

Correspondence Address (Please delete as appropriate.) 通訊地址 (請刪除不適用的)

Office 公司/ Home 住宅

### Type of Practice 執業範圍 Please tick as appropriate. 請在適當方格內填上「√」號

Private 私家執業

University 大學

Subvented Organization 政府資助機構

Government 政府

Hospital Authority 醫管局

Others 其他

(Please specify 請列明)

I would also like to update my information on **Doctors Homepage** as above 請按上述資料更新**香港醫生網**:

Office Add, Tel. & Fax

公司地址、電話及傳真

Email

電郵

Mobile Tel. & WhatsApp

手提電話及 WhatsApp

Type of Practice

執業範圍

(For amendment of other information on Doctors Homepage, Please contact the HKMA at 2527 8285.

如欲更改香港醫生網的其他資料，請致電 2527 8285 聯絡香港醫學會。)

Please note the above changes **effective from** 以上更改之生效日期

### Publications and Information from the HKMA

#### 醫學會刊物及消息

As a part of members' benefits, the HKMA publishes HKMA News, CME Bulletin, and disseminate information regarding legislations and policies, public health, medical development, HKMA and its related activities and services, commencement notice, etc. to all eligible members. However, if for any reason you opt not to receive any publications or information from the HKMA, you may inform us by putting a tick in the box below.

醫學會出版會訊、持續醫學進修專訊，並發放有關法律及政策、公共健康、醫學發展、醫學會及其相關活動和服務、開業啟示等消息。若閣下選擇不接收醫學會刊物及消息，可於以下方格內填上「√」號。)

I opt NOT to receive publications or information including Rapid Communication System (RCS) from the HKMA. This will replace any prior notice by you to the HKMA. 我不接收任何醫學會刊物或消息，包括 RCS。這取代閣下以往的選擇。

Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Note:

1. The personal data provided in this form will be used by the HKMA for its membership and Doctors Homepage services.

香港醫學會利用本表格所載的個人資料，作其會員及醫生網服務。

2. Please complete and return this Form to the Association Secretariat in person, via fax, mail or e-mail.

請填妥表格，透過電郵、傳真、郵遞或親臨香港醫學會秘書處遞交。