



香 港 醫 學 會
The Hong Kong Medical Association

FOUNDED IN 1920•INCORPORATED IN 1960 AS A COMPANY LIMITED BY GUARANTEE
MEMBER OF WORLD MEDICAL ASSOCIATION AND CONFEDERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA

Duke of Windsor Social Service Building, 5th Floor, 15 Hennessy Road, Hong Kong
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香港灣仔軒尼詩道十五號
溫莎公爵社會服務大廈五樓

Application For Membership

Membership of the Association is open to all registered medical practitioner in Hong Kong. Please fill in the membership application form overleaf and return it with a copy of your valid practising certificate issued by the Medical Council of Hong Kong to:

The Hong Kong Medical Association
5/F., Duke of Windsor Social Service Building
15 Hennessy Road, Hong Kong

Membership Facilities include:

- ♦ exclusive use of clubhouses with catering facilities
- ♦ approved stamps for vaccination use
- ♦ registered medical practitioner identity card
- ♦ professional liability indemnity insurance scheme and other insurance schemes
- ♦ advice on medical ethics
- ♦ free medical journal, newsletter, diary and CME Bulletin
- ♦ a free entry in the Hong Kong Doctors Home Page at www.hkdoctors.org
- ♦ priority in participation in HKMA CME activities
- ♦ participation in social, recreational, cultural and sports activities
- ♦ group tours and travel services
- ♦ membership insignia: wall plaque, car badge, necktie, scarf, wallet set and medic-alert items at costs
- ♦ consumer goods at bargain prices
- ♦ secretarial and mailing services
- ♦ HKMA Visa Gold /Platinum Card with permanent waive of annual fee
- ♦ and many more (to be notified from time to time in the HKMA News)

Subscription Rates

Regular/Fraternity/Associate Member:

Entrance Fee **HK\$ 700**

(50 % waived for the newly qualified, who joined the Association within three years after graduation 350)

(100 % waived for the newly qualified, who joined the Association within the first year of graduation NIL)

and

(100 % waived for the member of the Medical Protection Society who pays his/her subscription to the Medical Protection Society through the Scheme of Cooperation between the Medical Protection Society and the Hong Kong Medical Association NIL)

Annual Subscription **400**

(For those within three years after graduation 300)

and

(For those transferred from student membership within 3 months of graduation NIL)

Life Membership Subscription **8,000**

Annual subscription are payable in advance on the 1st day of April every year. Half year's subscription is payable by those joining after 1 October.

Membership Data

Members are assured that their personal data kept in the Association's membership register is maintained by the Association Secretariat in accordance to information provided by them from time to time. It is kept in confidence for the following purposes only:

1. distribution of the Association's publications;
2. communication between members and the Association;
3. intra-membership communications;
4. internal membership profile analysis;
5. internal stock control; and
6. purposes as specified at the time of the data collection.

Membership information will not be made available to others without the member's prior consent unless it is required by law to do so. Members are at liberty to correct/update their information in the membership register as and when necessary. The Association Secretariat will be very pleased to oblige. To do so, please contact the Association Secretariat in person, via fax or mail.



I desire to become a member of the Hong Kong Medical Association, and I hereby agree, if elected, to become a member of the said Association and to be bound by the Memorandum and Articles of Association and Byelaws of the Association.

本人現申請成為香港醫學會會員，如獲批准，本人謹此同意遵守香港醫學會會章及附例。

Type of Membership applied for 欲申請的會員類別
(please tick the appropriate box 請在格內劃上剔號)

- Life Member 永久會員 Fraternity Member 友好會員
 Regular Member 普通會員 Associate Member 準會員

Signature of applicant 申請人簽署

Particulars of Applicant 申請人詳細資料

*Please fill in the information below as shown on the I.D. card.

Title 稱號	
Surname 姓*	
Other Names 名*	
Name in Chinese 中文姓名*	
Chinese Code 中文電碼*	
HKID Card No. 香港身份証號碼 ()	
Date of Birth (dd/mm/yy) 出生日期(日/月/年)	Sex 性別 Male 男 / Female 女
Mailing Address 郵寄地址	
Office Address 辦公地址	
Tel. No. 電話號碼	Fax No. 傳真號碼
Pager No. 傳呼號碼	Mobile Phone No. 流動電話號碼
E-mail Address 電郵地址	
Residential Address 住宅地址	
Tel. No. 電話號碼	Fax No. 傳真號碼
District in which your practice is located 診所所在地區	
Districts 地區	
01 Central & Western 中西區	07 North 北區
02 Eastern 東區	08 Sai Kung 西貢
03 Island 離島	09 Shatin 沙田
04 Kowloon City 九龍城	10 Shamshuipo 深水埗
05 Kwai Tsing 葵青	11 Southern 南區
06 Kwun Tong 觀塘	12 Tai Po 大埔
13 Tsuen Wan 荃灣	14 Tuen Mun 屯門
15 Wanchai 灣仔	16 Wong Tai Sin 黃大仙
17 Yau Tsim Mong 油尖旺	18 Yuen Long 元朗

Registration 註冊

Date of Registration with Medical Council of Hong Kong (dd/mm/yy)
在香港醫務委員會註冊日期 (日/月/年)

Medical Council of Hong Kong Registration No.
香港醫務委員會註冊號碼

Qualification(s) 資歷

	Year 年份
	Year 年份
	Year 年份

Specialist Registration 專科註冊

Date of Registration with Medical Council of Hong Kong (dd/mm/yy)
在香港醫務委員會註冊日期 (日/月/年)

Registered Specialty 註冊專科

Present Employment 現職

(Private/Government/Hospital Authority/University/Others)
私家執業/政府/醫管局/大學/其他

Area of Practice (General/Special)
執業範疇 (普通科/專科)

The above named candidate is personally known to us, and we believe him/her to be a suitable person to be elected a member of the said The Hong Kong Medical Association.

以我們對以上申請人之認識，使我們深信他/她將會是成為香港醫學會會員合適人選。

Name of Proposer 提名人姓名

Signature 簽署

Name of Seconder 和議人姓名

Signature 簽署

Office Use Only 本會專用

Membership Number 會員編號

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Passed by the Council on 董事會議通過日期

Hon. Secretary
義務秘書

Signature 簽署

Entrance Fee 入會費

Subscription Fee 會費

Total 總額

Chairman 主席

Signature 簽署