

# HONG KONG COLLEGE OF PAEDIATRICIANS

## Application for Membership (For existing Associates)

No. \_\_\_\_\_  
(for official use)

Please print

1. Name \_\_\_\_\_ (BLOCK LETTERS)

Title \_\_\_\_\_ Chinese (if any) \_\_\_\_\_

2. Sex \_\_\_\_\_

3. Date of Birth (Date/Month/Year) \_\_\_\_\_

4. Hong Kong Identity Card No. \_\_\_\_\_

5. Corresponding Address

\_\_\_\_\_  
\_\_\_\_\_

6. Alternative Address (optional)

\_\_\_\_\_  
\_\_\_\_\_

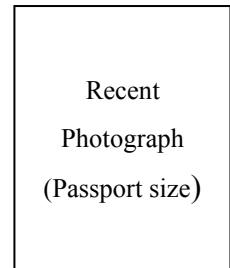
7. Email address \_\_\_\_\_

8. Mobile number \_\_\_\_\_

9. Present Appointment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Attach photocopy of current Annual Practising Certificate  
Issued by the Hong Kong Medical Council



**11. Qualifications (Academic/Professional)**

<b>Qualification</b>	<b>Awarding Institute</b> (Name, City and Country)	<b>Date Attained</b> (Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Put \* in front of additional qualification(s) since admission as an Associate and attach certified copy of relevant certificates and diplomas*

**12. I declare that all the above information is true and correct.**

**I consent to the personal data contained herein to be used by the College for academic, training and administrative purposes.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

### 13. Proposer

**I am a Fellow of the Hong Kong College of Paediatricians. I have been acquainted with \_\_\_\_\_ (the applicant) for \_\_\_\_\_ years and I certify him / her a medical practitioner of good conduct and he / she has met the requirements for admission as a Member of the College.**

\_\_\_\_\_  
**Name of Proposer**  
**(BLOCK LETTERS)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*N.B. The Proposer is required to certify all photocopies of documents.  
(Please PRINT your name clearly with signature and institution specified.)*

### 14. Approved By (for official use)

**Membership Committee dated** \_\_\_\_\_

**Council dated** \_\_\_\_\_

Note:

- a. Please return this application form together with relevant documents as stipulated on the Checklist for Application of Membership to the Honorary Secretary, Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong.
- b. Applications will be processed and vetted during Committee meeting provided the paper forms of all relevant application documents arrive at College at least 3 weeks prior to each upcoming Membership Committee meeting
- c. Electronic copies are **not** accepted.