Hong Kong College of Paediatricians
香 港 兒 科 醫 學 院
(Incorporated in Hong Kong with Limited Liability)

APPLICATION FOR REINSTATEMENT OF MEMBERSHIP

Personal Particulars:

Name: _____ (English)

(Block Letters)

_____(Chinese)

Sex: * ☐ M / ☐ F Date of Birth: (day/month/year) _____ / _____ / _____

Nationality: _____

Hong Kong Identity Card No./ Passport No.: _____ / _____

Office Address: _____

_____ Tel/Fax: _____ / _____

Home Address: _____

_____ Tel/Fax: _____ / _____

Email Address: _____

Present Appointment: _____

Working Institute: _____

I am applying for reinstatement of * ☐ Fellowship ☐ Membership ☐ Associateship

* please tick as appropriate

- 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

Address : Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Hong Kong
E-mail: enquiry@paediatrician.org.hk
Home page: www.paediatrician.org.hk

Tel: (852) 2871 8871 / 2871 8842
Fax: (852) 2785 1850

Council Meeting Approval Date: _____

Membership Committee Meeting Approval Date: _____

Note:

- The Guidelines on Reinstatement of Membership can be downloaded at http://www.paediatrician.org.hk/index.php?option=com_content&view=article&id=36&Itemid=36

- The completed form together with certified true copy of annual practicing certificate should be sent to the Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong.

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