



香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
Room 908, 9/F, HKAMJC Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Application to be an Associate Member

I hereby apply for admission to the Hong Kong College of Community Medicine as an Associate Member. My particulars are as follows:

Name: (surname first) _____

Name in Chinese: (if applicable) _____ ID No. _____

Sex: _____ Date of Birth: _____ (dd/mm/yy)

Correspondence Address: _____

Tel. No.: _____ (Office) _____ (Mobile/Pager)

Fax No.: _____ E-mail Address: _____

MCHK Number: _____

Basic Medical Qualification:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____

Other Qualifications:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return the completed form to Dr Jackie Leung, Hon Secretary
c/o Secretariat, Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK
(Fax : 2580 7071)

