



香港社會醫學學會

THE HONG KONG SOCIETY OF COMMUNITY MEDICINE

founded in 1963

Application for / Renewal of Associate Membership ^(see note below) (2009-2010)

Please complete this form and return it with a crossed cheque valued \$50 payable to “*The Hong Kong Society of Community Medicine*” to Dr Allen CHAN, Honorary Treasurer of the Society at Rm. 455, 4/F, Centre for Health Protection, 147C Argyle Street, Kowloon.

Name (Prof/Dr/Mr/Ms/Mrs): _____

Sex (M/F): _____

Office/school Address: _____

Correspondence Address: _____

Telephone No: _____

E-mail Address:
(for future communication
and receiving Newsletter)

Fax No.: _____

Occupation **Student / ** In full-time employment, please specify

** delete as appropriate _____

The above personal information is for internal use by the Society for mailing and usage in relation to the Society's activities. Please check the box if you agree to:

disclose the above information to the Federation of Medical Societies of Hong Kong for the purpose of mailing and usage in relation to routine activities of the Federation.

Signature: _____

Note: As stipulated in the Constitution of the Society (revised in 2002),

Full Members shall be:-

- (1) Medical and dental practitioners working in, having been working in or with interest in preventive medicine, community medicine or public health
- (2) Other people with relevant qualifications or working experience in preventive medicine, community medicine or public health, subject to approval by the Council.

Associate Members shall be such persons of professional standing interested in the advancement of preventive medicine, community medicine, or public health as the Council may from time to time agree to be eligible. Persons fulfilling the criteria as stated in the **Full Members** section should apply for Full Membership instead of Associate Membership.

N.B. For further enquiries, please email to: hkscm_enquiry@yahoo.com.hk or visit our website: <http://www.fmshk.com.hk/hkscm/home.htm>