



香港社會醫學學會

THE HONG KONG SOCIETY OF COMMUNITY MEDICINE

founded in 1963

Application for / Renewal of Full Membership (2009-2010)

Please complete this form and return it with a crossed cheque 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):

Institution/Unit:

Post Title:

Qualifications:

Relevant working experience:

Office Address:

Correspondence Address:

Telephone No:

E-mail Address:

(for future communication
and receiving Newsletter)

Fax No.:

Please tick one item that best
describes your profession

- | | | |
|---|---|---|
| <input type="checkbox"/> Clin. psychologist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational hygienist | <input type="checkbox"/> Research/ Scientific officer |
| <input type="checkbox"/> Dietitian/ Nutritionist | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Health inspector | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Statistician |
| <input type="checkbox"/> Health promoter | <input type="checkbox"/> Pest controller | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Health/medical administrator | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other professions (Please specify) |
| <input type="checkbox"/> Medical practitioner | <input type="checkbox"/> Physiotherapist | _____ |
| <input type="checkbox"/> Medical technologist | | |

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.

PLEASE TURN TO THE NEXT PAGE

		Application/Subscription Fee
Membership category	(<input type="checkbox"/>) Life Member*	\$2,000
	(<input type="checkbox"/>) Member **	\$100

* Applicant should be an existing Member of the Society, upon recommendation by the Council.

** 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, or
- (2) Other people with relevant qualifications or working experience in preventive medicine, community medicine or public health, subject to approval by the Council.

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>

Applicant's signature: _____