



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.

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		Application/Subscription Fee
Membership category	() Life Member*	\$2,000
	() 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: _____