



Hong Kong Women Doctors Association

香港女醫生協會

P.O. Box No. 47035, Morrison Hill Post Office

G/F, 28 Oi Kwan Road, Wanchai, Hong Kong

E-mail : hkwda@hkwda.com Website : www.hkwda.com

TEL : (852) 5577 6023

APPLICATION FOR MEMBERSHIP

Membership of the Association is open to all registered female medical practitioners in Hong Kong. Please complete the membership application form overleaf together with a crossed cheque with the appropriate amount (please refer to Fee Calculations below) made payable to "**Hong Kong Women Doctors Association Limited**" and return to:

Hong Kong Women Doctors Association
P.O. Box No. 47035, Morrison Hill Post Office
G/F, 28 Oi Kwan Road, Wanchai, Hong Kong

Fees for New Membership

Total

Life Member Application Fee HK150 + Membership Fee HK\$3,000 HK\$3,150

(A one-off payment and no Annual Subscription Fee will be required in subsequent years. Registered Female medical practitioner in Hong Kong shall be eligible to become a Life Member and will have voting rights in the General Meeting)

Full Member Application Fee HK\$150 + Annual Subscription Fee HK\$300 HK\$450

(Registered Female medical practitioner in Hong Kong shall be eligible to become a Full Member and will have voting rights in the General Meeting)

Associate Member Application Fee HK\$150 + Annual Subscription Fee HK\$200 HK\$350

(Female Medical practitioner not registered in Hong Kong shall be eligible to become an Associate Member and will not have voting rights in the General Meeting)

Student Member Application Fee HK\$150 + HK\$150
Annual Subscription Fee HK\$150 (waived in the year 2021)

(Female Medical students shall be eligible to become a Student Member and will not have voting rights in the General Meeting)

Annual Subscription Fee

Full Member HK\$300

Associate Member HK\$200

Student Member (waived in the year 2021)..... HK\$150

***** Annual Subscription Fees are payable in advance on the 1st day of January every year *****



Type of Membership applied for (please tick the appropriate box)

- Life Member Full Member Associate Member
- Student Member – *HKU/CUHK Medical Student Year _____ / Internship Completion Date _____

Please complete in BLOCK CAPITALS and return it to Hong Kong Women Doctors Association, P.O. Box No. 47035, Morrison Hill Post Office, G/F, 28 Oi Kwan Road, Wanchai, Hong Kong
For enquiries, please contact the Association Secretariat by phone : (852) 5577 6023 or email: hkwda@hkwda.com

Particulars of Applicant

Surname (same as HKID)

Other Names (same as HKID)

Name in Chinese

Date of Birth (dd/mm/yy) HKID Card No. (eg A1234XX(X))

Pager No. Mobile Phone No.

E-mail Address

Residential Address

Tel. No. Fax No.

Office Address

Tel. No. Fax No.

District in which your practice is located
(please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Sham Shui Po | <input type="checkbox"/> Sai Kung |
| <input type="checkbox"/> Central & Western | <input type="checkbox"/> Wong Tai Sin |
| <input type="checkbox"/> Eastern | <input type="checkbox"/> Yau Tsim Mong |
| <input type="checkbox"/> Southern | <input type="checkbox"/> Islands |
| <input type="checkbox"/> Wan Chai | <input type="checkbox"/> Kwai Tsing |
| <input type="checkbox"/> Kowloon City | <input type="checkbox"/> North |
| <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Tuen Mun |
| | <input type="checkbox"/> Yuen Long |

Newsletter post to (please tick the appropriate box)
 Residential / Office Address

Date of Registration with Medical Council of Hong Kong
(dd/mm/yy)

Medical Council of Hong Kong Registration No.

Qualification(s)

Present Employment (please delete the inapplicable words)
Private / Government / Hospital Authority / University / Others

Specialties

Please kindly show your interest in the below (circle your choice and can be more than one)

- Academic and Education
- Mainland Liaison
- Community Service
- Current Affairs
- Internal Affairs
- Internal Communication
- International Liaison
- Local Liaison
- Membership
- Sports
- Welfare & Fellowship
- Youth

I declare that the above information is true and complete to the best of my knowledge and belief. I have no conviction involving fraud, dishonesty or professional misconduct either locally or overseas. I understand that upon the HKWDA board approval of my membership application, I shall observe and abide by the regulations and standards of the association. Waive all claims against the association for any loss or damage I may suffer arising from the application.

Signature of Applicant

Date

For Office Use Only

Application Received on

Membership Number

Passed by the Board on

Receipt Number