

香港西醫工會
HONG KONG DOCTORS UNION

Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kowloon
E-mail: hkdu@mail@hkdu.org Home Page: <http://www.hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

Date _____

Dear Dr.

Thank you for your enquiry about the application for membership of this Union.

An Application Form is enclosed. Please complete and return it to the HKDU Secretariat together with a cheque of applicable prescribed fee payable to "Hong Kong Doctors Union". The subscription of each year is from 1st July to 30th June.

- (i) Ordinary Member
 - (a) Entrance fee \$600
 - (b) Annual Subscription \$500

- (ii) Life, Honorary, Associate or Junior Associate Member
 - (a) **Entrance fee is waived**
 - (b) Life Member \$5,000
 - (c) Annual Subscription for Honorary Member \$250
 - (d) Annual Subscription for Associate Member \$240
 - (e) Annual Subscription for Junior Associate \$120

Such application will be referred to the next Council Meeting for approval. If approved, your name will be entered in the Register. Circulars of HKDU will be sent to you regularly.

If you are in private practice and want to receive information about our consumer activities, you may apply in writing for inclusion into the Consumer Mailing List by the enclosed Reply Slip.

Should you have any query, please contact HKDU Secretariat at tel. no. 2388 2728.

Yours sincerely,



Dr. Chan Pui Kwong
Hon. Secretary
Hong Kong Doctors Union

Encl.

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APPLICATION FORM FOR MEMBERSHIP

To: Hong Kong Doctors Union

Date: _____

I wish to become a member of the Hong Kong Doctors Union and I hereby agree, if accepted to be a member of the said Union, to be bound by the Constitution and Rules of the Union and the By-Laws created therefrom.

Life Member Ordinary Member Associate Member Junior Associate

(Particulars to be stated fully and correctly by the Applicant.)

Name _____
(In English) (In Chinese)

Date of Birth _____ Sex _____

HKID Card No. _____ Medical Council Reg. No. _____

Year of Registration with the Medical Council of Hong Kong (MCHK) _____

*** (Photocopy of Annual Practising Certificate of the Applicant should be enclosed with this application form)**

Qualification(s) in the Register _____ Year _____
of MCHK _____ Year _____
_____ Year _____

Are you in the Specialist Register of MCHK? (Please tick) Yes No

If yes, which specialty? _____ Year _____

Address of Applicant:

Address A (Business/or name of Hospital): _____
_____ Tel: _____ Fax: _____

Address B (Business/or name of Hospital): _____
_____ Tel: _____ Fax: _____

Address C (Home): _____
_____ Tel: _____ Fax: _____

Please use the following Address for correspondence address: (Please tick)

Address A Address B Address C

E-mail address (if any): _____ Fax No. _____ Mobile Phone No. _____

Please add my E-mail address, fax number and mobile phone number for rapid communication among members and CME information. (Please tick)

(Signature of Applicant)

If more forms are required, please photocopy this form for use. **Only the original copy of those duly completed and signed Application Form would be accepted.**

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To : All Hong Kong Doctors

From : Dr. Kong Yim Fai, Chairman, Committee on CME

香港西醫工會延續醫學進修證書計劃 報名表格

Registration Form of Hong Kong Doctors Union CME Programme

(Please tick)

1. 本人現有意參加以下地區之香港西醫工會延續醫學研習小組，如有以下本人所選之地區舉辦活動，請通知本人詳情。

I am interested in joining the accredited CME functions of the following HKDU Study Group(s) marked with a tick. Please ask the Study Group Coordinator(s) to send me the details of the future CME functions.

- | | | | | |
|---|---|--|---|--------------------------------------|
| <input type="checkbox"/> Central South | <input type="checkbox"/> Wanchai | <input type="checkbox"/> Causeway Bay | <input type="checkbox"/> Hong Kong East | <input type="checkbox"/> Hong Kong |
| <input type="checkbox"/> Hong Kong West | <input type="checkbox"/> Sham Shui Po | <input type="checkbox"/> Mei Foo | <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Ma On Shan | <input type="checkbox"/> Shatin | <input type="checkbox"/> Tai Po | <input type="checkbox"/> Sheung Shui |
| <input type="checkbox"/> Yuen Long | <input type="checkbox"/> Kowloon East | <input type="checkbox"/> Tseung Kwan O | <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Hung Hom |
| <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Baptist Hospital | <input type="checkbox"/> Mong Kok | <input type="checkbox"/> Tsim Sha Tsui | |

2. 本人現選擇以下機構為本人於香港醫務委員會延續醫學進修計劃之唯一行政機構。

香港西醫工會 (本人明白香港西醫工會是免費為本人處理於香港醫務委員會延續醫學進修計劃之事宜。)

- 本人現申請參加香港西醫工會延續醫學進修證書計劃，並同意遵守該計劃之規章。選擇之年度如下：

1.1.2020 至 31.12.2020

1.7.2020 至 30.6.2021

已有其他行政機構為本人處理於香港醫務委員會延續醫學進修計劃之事宜。

本人現決定選擇香港西醫工會代替_____ (現任延續醫學進修計劃之行政機構) 成為本人參加延續醫學進修計劃之唯一行政機構，並授權香港西醫工會為本人處理延續進修紀錄及積分申報事宜。

I now select the following organization as my sole CME Programme Administrator under the MCHK CME Programme.

Hong Kong Doctors Union (I UNDERSTAND THAT **NO REGISTRATION FEE IS REQUIRED FOR CHOOSING HKDU AS MY CME PROGRAMME ADMINISTRATOR UNDER THE MCHK CME PROGRAMME.**)

- I would like to join the HKDU CME Programme and agree to abide the rules and regulations for the award of certificate of continuing medical education as prescribed by the Union from time to time. The programme will be started from the year :

1.1.2020 To 31.12.2020

1.7.2020 To 30.6.2021

I have chosen the other organization as my CME Programme Administrator under the MCHK CME Programme.

I now confirming to have Hong Kong Doctors Union (HKDU) as my Administrator for the CME Programme of MCHK and authorize HKDU to obtain my CME record from _____ (Current CME Administrator).

姓名
Name: _____

簽署
Signature: _____

醫委會註冊號碼
MCHK Reg. No.: _____

聯絡電話號碼
Contact Tel. No.: _____

日期
Date: _____

請將填妥的申請表傳真至2385 5275或寄回香港西醫工會。

Please complete this form and return it by fax at 2385 5275 or by post to HKDU as soon as possible.

Personal Data Policy

Personal data is collected for the purpose of the administration of the HKDU CME programme and communication between Hong Kong Doctors Union and the data subject, who is at liberty to correct/update information as and when necessary. Requests for access to data or correction of data should be directed to the address above.