

HKDU Annual Subscription Form 2022-2023

Your annual subscription for the year from 1 July 2022 to 30 June 2023 is now due to pay. According to the Constitution and Rules of Hong Kong Doctors Union, payment of annual subscription should be made on or before the first day of July each year.

The annual subscription for an Ordinary Member is ***HK\$500**, Honorary Member (must not be employed [full-time or part-time]) is ***HK\$250**. If you wish to remain as an Ordinary Member or an Honorary Member, please issue a cheque of ***HK\$500** or ***HK\$250** made payable to **Hong Kong Doctors Union**.

However, if you wish to become a Life Member, the subscription has been reduced from **HK\$5,000** to ***HK\$2,500** (1/4/2021 – 30/4/2023).

We would appreciate for your prompt payment to us ***on or before 31 August 2022**. You can mail us a cheque or through bank transfer to settle the payment (please refer to the below about the payment methods). Please be reminded that Membership will be terminated if Subscription Fee has not been received before 31 December 2022.

(If you are Life members or have already settled the payment, you can ignore this form. Please update your information using the next page)

Being a HKDU member, your privileges shall include priority in booking of CME functions, free registration with HKDU CME Programme, access to HKDU Member Homepage; CME website & App, exclusive offer of Medical Protection Plan and much more.

香港西醫工會2022至2023年度年費表格

閣下之上述年費現已到期支付。根據香港西醫工會規則，每年年費需於每年7月1日或之前繳付。

普通會員年費為***港幣500元**，退休會員(沒有行醫)年費為***港幣250元**。如閣下仍想保留普通會員或退休會員之會籍，敬請寄回***港幣500元**或***港幣250元**年費，支票抬頭請寫**香港西醫工會**。

若閣下想成為永久會員，現時至2023年4月30日前，會費是***港幣2,500元**。

請閣下於***2022年8月31日或之前**將繳付費用。閣下可以郵寄支票方式將費用寄達本會或以轉賬方式付款(請看以下有關付款方法)。如果2022年12月31日前沒有繳交，會籍將會被取消。敬請留意。

(如閣下之前已申請為永久會員或已付會費，則不用填寫此表格，可翻過後頁填寫更新資料)

作為香港西醫工會的會員，閣下享有的優惠包括可於延續醫學進修活動中優先留位、免費登記香港西醫工會的延續醫學進修計劃、登入香港西醫工會會員網頁、延續醫學進修計劃網站和應用程式、獨家專用的醫療專業保障計劃等等。

☐ Enclose herewith a cheque of **HK\$500** for Ordinary Member; or

☐ Enclose herewith a cheque of **HK\$250** for Honorary Member; or

☐ Enclose herewith a cheque of **HK\$2,500** for Life Member.

* Payment can also be settled by bank transfer, bank account information is as follows:

Bank Name : **Hang Seng Bank**

Bank Code : **024**

Bank No. : **284-5-277488**

(Please fax or mail or email back the bank slip with this form to HKDU)

☐ 附上**港幣500元**支票用作繳付普通會員;或

☐ 附上**港幣250元**支票用作繳付退休會員(沒有行醫);或

☐ 附上**港幣2500元**支票用作繳付永久會員。

*付款也可以轉賬,可將款項轉賬至以下戶口:

銀行名稱: **恆生銀行**

銀行代碼: **024**

銀行號碼: **284-5-277488**

(轉賬後請保留入數紙並連同此表格傳真或寄回或電郵致西醫工會)

Name姓名: _____

Membership No.會員號碼: _____

Date日期: _____

Contact Number電話號碼: _____

*** Note: In order to update our information system and standardized our service, please complete the back page form for our system renewal.



Room 803-4, Hang Shing Bldg., 363-373, Nathan Road, Kowloon
E-mail: hkdu@mail@gmail.com Home Page: <http://hkdu.org> Tel. no.: 2388 2728 Fax no.: 2385 5275

UPDATE INFORMATION FORM

Date: _____

The following information is for our use of system renewal, please fill in the blank to provide the latest information and fax/mail/email back this form to HKDU.

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

Name _____
(In English) (In Chinese)

☐ Life Member ☐ Ordinary Member ☐ Associate Member ☐ Junior Associate

Membership No. _____ Medical Council Reg. No. _____

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

If yes, which specialty? _____ Year _____
(Full name of specialty)

College of Specialty (Please circle):

* HKCA / HKCCM / HKCEM / HKCFP / HKCOG / COHK / HKCOS / HKCORL
/ HKCPaed / HKCPPath / HKCP / HKCPSy / HKCR / CSHK

Address(es) of Applicant:

Address A (Business/or name of Hospital):

Tel: _____ Fax: _____

Address B (Home):

Tel: _____ Fax: _____

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

☐ Address A ☐ Address B

Other information of Applicant:

E-mail Address : _____ Fax No. _____
Mobile Phone No. _____ Whatsapp 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)