



FOR OFFICIAL USE ONLY

HKDU No. \_\_\_\_\_

Room 803-804, 8th Floor, Hang Shing Building, 363-373, Nathan Road, Kowloon  
E-mail: [hkdumail@gmail.com](mailto:hkdumail@gmail.com) Website: [www.hkdu.org](http://www.hkdu.org) Tel no.: 2388 2728 Fax no.: 2385 5275

**APPLICATION FOR MEMBERSHIP**

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.

☐ Ordinary Member ☐ Life Member ☐ Honorary Member ☐ Associate Member ☐ Overseas Member ☐ Junior Associate

**PARTICULARS OF APPLICANT**

*\*Please complete in BLOCK LETTERS according to the information shown on your identity document*

Full Name in English		Name in Chinese	
Date of Birth	Sex	HKID Card No.	
Year of Registration with the Medical Council of Hong Kong (MCHK)		Medical Council Registration No.	
Qualification(s) in the Register of MCHK		Year obtained	
Are you in the Specialist Register of MCHK? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which specialty?		Year obtained
Residential Address ( <input type="checkbox"/> Correspondence Address)			
		Tel	Fax
Business Address ( <input type="checkbox"/> Correspondence Address)			
		Tel	Fax
Correspondence Address (If different from the address given above)			
		Tel	Fax
E-mail address	Fax	Mobile	
WhatsApp	Communication among members and CME information <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mobile		
Signature		Date	

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

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## APPLICATION FOR MEMBERSHIP

Thank you for your enquiry about the application for membership of this Union. Please complete the application form and return it to the HKDU Secretariat together with a copy of practicing certificate and proof of payment of applicable prescribed fee as stipulated below

The subscription of each year is from 1st September to 31st August. 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.

<b>Ordinary Member</b>	<b>HK\$</b>
<b>Entrance Fee</b>	<del>\$600</del>
<i>waived during 01/05/2023 - 31/08/2026</i>	<b>NIL</b>
<b>Annual Subscription</b>	<b>\$500</b>
<b>Life Member</b>	
<b>Entrance Fee</b>	<b>Waived</b>
<b>Life Membership Subscription</b>	<del>\$5,000</del>
<i>discount during 01/05/2023 - 31/06/2026</i>	<b>\$2,500</b>
<b>Honorary Member</b>	
<b>Entrance Fee</b>	<b>Waived</b>
<b>Annual Subscription</b>	<b>\$250</b>
<b>Associate Member</b>	
<b>Entrance Fee</b>	<b>Waived</b>
<b>Annual Subscription</b>	<b>\$240</b>
<b>Overseas Member</b>	
<b>Entrance Fee</b>	<b>Waived</b>
<b>Ordinary Member</b>	<b>\$300</b>
<b>Life Member</b>	<b>\$1,500</b>
<b>Junior Associate</b>	
<b>Entrance Fee</b>	<b>Waived</b>
<b>Annual Subscription</b>	<b>\$120</b>

Bank Name: Hang Seng Bank (Bank Account Number: 024-284-5-277488) FPS ID 100865047

(Please fax / mail / e-mail back the proof of payment with this form to HKDU)

銀行名稱: 恆生銀行 (戶口賬號: 024-284-5-277488) 轉數快編碼: 100865047

(轉賬後請保留付款證明並連同此表格傳真 / 寄回 / 電郵致本工會)

### Personal Information Collection Statement

*The personal data you provided are mainly for use within HKDU. They are required to observe the rule of confidentiality under the Personal Data (Privacy) Ordinance and other relevant ordinance. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data.*