



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

M

registered address: Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Telephone: 2871-8833 Fax: 2814-1029 Email: office@hkca.edu.hk

MEMBERSHIP APPLICATION FORM

(Please use BLOCK LETTERS)

(Please send completed Application Form and supporting documents to Chief Censor, The Hong Kong College of Anaesthesiologists, Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong)

I wish to apply for Membership of the Hong Kong College of Anaesthesiologists. My personal details are as follows:

Surname: _____, Forename(s): _____

Chinese (if available): _____

Sex: * M / F , Date of Birth: _____ (dd/mm/yy)

HKID No. _____ MCHK No. : _____

Nationality: _____

Telephone: (home) _____

(office) _____ (mobile) _____

Email Address: _____

Please tick the box ☒ if appropriate.

I wish to receive notice of general meeting, the report of auditors, the account of income and expenditure and balance sheet by ☐ e-mail.

☐ post.

I give consent to allow the secretariat of HKCA to share my e-mail address and MCHK No. to the secretariat of Hong Kong Academy of Medicine (HKAM) for the purpose of receiving information on upcoming educational & social activities, including those related to enhancing doctors' well-being organised or endorsed by HKAM :

☐ Yes

☐ No

Correspondence address: _____

Current Appointment: _____ , Institution: _____

Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Other qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)

* please circle as appropriate

Clinical Appointments (in chronological order, including internship):

Appointment	Department/Unit, Hospital/institution	City, Country	from: (dd/mm/yy)	to: (dd/mm/yy)

(use additional sheet if space is not adequate)

My application is supported by the following TWO Fellows of the Hong Kong College of Anaesthesiologists:

1. Name : _____ Signature : _____

2. Name : _____ Signature : _____

Certified photocopies of the following documents are enclosed:

1. Basic medical qualification(s).
2. Current Practising Certificate/Licence of the Hong Kong Medical Council.
3. Evidence of clinical appointments from institutions listed above.

I, _____, hereby certify that all the information recorded in this Application Form and the enclosed supporting documents are, to my best knowledge, TRUE and ACCURATE.

Date: _____

Applicant's Signature: _____

[HKCA vocational training registration: please note that membership application is not equivalent to vocational training registration, please also submit the Application Form for Vocational Training Registration if you intend to join HKCA Vocational Training Programme]