



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS



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 return the completed Application Form and supporting documents to Censor-in-Chief, The Hong Kong College of Anaesthesiologists, by email at hkcaeducation@hkca.edu.hk)

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): _____

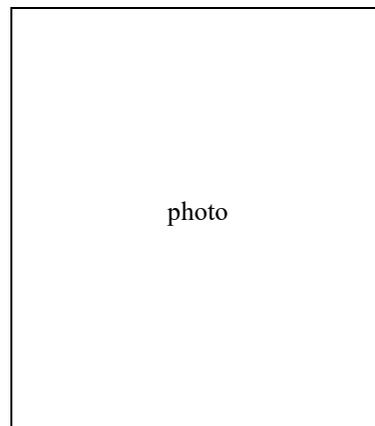
Sex: * M / F , Date of Birth: _____ (dd/mm/yy)

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]