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)

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)_____

photo

Email Address: _____

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):

To avoid delays in training progression, written applications for retrospective recognition of training, along with all supporting documents, must be submitted to the Training Officer at hkcaeducation@hkca.edu.hk within the first year of training.

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 : _____

Required Documents & Payment Checklist

1. Required Documents

Please enclose certified copies of the following:

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.

2. Membership Registration Fee

Fee: **HKD 5,250**

Upon submission of your application, please settle the membership registration fee using one of the payment methods below.

1. **Faster Payment System (FPS)**:
   FPS ID: 118639624
   Name of the account: *The Hong Kong College of Anaesthesiologists*

2. **ATM / Internet Banking / Cash Deposit**:
   Name of the bank: HSBC
   Account number: 558 069381 001
   Name of the account: The Hong Kong College of Anaesthesiologists

3. **E-Cheque**:
   Please make the e-cheque payable to "**The Hong Kong College of Anaesthesiologists**"

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:_____

Notes:

- Please email the completed membership application form, together with the transaction confirmation or payment slip and the certified coipies of the required documents listed above, to **hkcaeducation@hkca.edu.hk**. Please ensure that your **full name** is clearly stated in the email for identification purposes.

- Please note that **HKCA membership application** is **not** equivalent to **HKCA vocational training registration**. If you intend to join the HKCA Vocational Training Programme, please also submit the **Application Form for Vocational Training Registration**.