

HONG KONG COLLEGE OF CARDIOLOGY

Application for Affiliate

This form should be completed and returned to:

Hon. Secretary
Hong Kong College of Cardiology
Room 1116-1117, Bank of America Tower
12 Harcourt Road
Central, Hong Kong
Tel: 2899 2035 Fax: 2899 2045

Surname Other Names

Name in Chinese Sex

Marital Status Nationality

Date of Birth Place of Birth

HKID Card No. / Passport No.

Medical Council of Hong Kong Registration No.

Home Address

..... Tel. No.

Office Address

..... Tel. No.

Pager No. Fax No.

Date: Signature of Applicant:

Mobile No. E-mail

Academic and Professional Qualifications (The College reserves the right to ask for photocopies of certificates for inspection.)

Medical Degree Year

University

Postgraduate Qualification	Awarding Institute	Date Obtained

Current Appointment.....

- In Government
 Hospital Authority
 University
 Private Practice (Please tick where appropriate)

I confirm that the above information given is accurate and I wish to apply to be an affiliate member of Hong Kong College of Cardiology.

Signature of Applicant: Date:

Name of Proposer: Signature of Proposer:

(Proposer shall be a Fellow of the Hong Kong College of Cardiology.)

FOR OFFICIAL USE ONLY

Passed / Rejected by the Council on this _____ day of _____ 20____
as an Affiliate of the Hong Kong College of Cardiology.

Hon. Secretary

Chairman

**Terms and Condition for Admission of Affiliates of
Hong Kong College of Cardiology**

Affiliate

Any person who is a registered medical practitioner of Hong Kong and wishes to participate in the continuing medical educational activities of the College may apply to the Council for admission as an Affiliate of the College. Such Affiliates shall have no right to vote or to be voted into office.