

Membership Application Form

Please complete the form in both English and Chinese, in BLOCK LETTERS, and send it to HKCD Secretariat: MIMS (HK) Ltd., 37/F., Citicorp Centre, 18 Whitfield Road, Causeway Bay, Hong Kong.

Membership fee: HK\$ 100. Crossed cheque should be made payable to: **"Hong Kong College of Dermatologists Limited"**

MCHK registration no. 香港醫務委員會登記號碼: _____

Specialist registration no. 專科登記號碼: _____

Name in English: _____ 中文姓名: _____ Gender 性別: M / F

Quotable Qualifications (with year(s) obtained):

准予引述的專業資格(請註明考取資格年份):

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

Office Address 辦公室地址: _____

Consultation Hours 診症時間: _____

Range of Consultation Fees 診金: HK\$ _____

Office Tel 辦公室電話: _____

Pager 傳呼機: _____

Office Fax 辦公室傳真: _____

Mobile Phone 手提電話: _____

E-mail Address 電郵地址: _____

Type of Practice 執業類別: Private 私人 Hospital Authority 醫院管理局 University 大學 Government 政府
 Others 其他 (Please specify 請註明): _____

Language(s)/ Dialect(s) spoken 語言或方言: Cantonese 廣東話 English 英語 Mandarin (Putonghua) 普通話
 Others 其他 (please specify 請註明): _____

Affiliated Hospital(s) 使用醫院: _____

Medical services available in your office (5 items only):

你診所內所提供的醫療服務項目 (只限五項):

1. _____
2. _____
3. _____
4. _____
5. _____

Medical services available other than in your office (5 items only):

你診所以外所提供的醫療服務項目 (只限五項):

1. _____
2. _____
3. _____
4. _____
5. _____

I certify the information given above is true and correct. 本人謹此聲明，以上內容全屬真實。

Signature 簽署: _____

Date 日期: _____