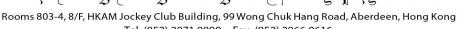


## 香港家庭醫學學院 The Hong Kong College of Family Physicians



Tel: (852) 2871 8899 Fax: (852) 2866 0616 E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



## Online Membership Directory – For Local Registered Doctors\*

The HKCFP promotes the role of the Family Physician in the community. We are providing a voluntary membership directory for the general public on our website to further achieve this aim. Thank you all who have given the consent to make the directory a success.

As members of the HKCFP, we wish to include you on this list, so as to allow the general public to find a Family Physician in their district or community.

The College will soon update the online membership directory. If you wish to update or add your practice information in the online membership directory, please kindly fill out the following details and return to the College secretariat.

By Email: <a href="mailto:membership@hkcfp.org.hk">membership@hkcfp.org.hk</a>

By Fax: 852-2866 0616

The information listed below would not be published unless we have your clear instruction of consent. By doing so, you are voluntarily consenting to have this information available for the general public.

\*All listed doctors must be registered with the Hong Kong Medical Council.

## **HKCFP Secretariat**

The Hong Kong College of Family Physicians

Email: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk Tel: 852-2871 8899 Fax: 852-2866 0616

HKCFP Privacy Policy: <a href="http://www.hkcfp.org.hk/privacy-policy.html">http://www.hkcfp.org.hk/privacy-policy.html</a>



## **HKCFP Member Profile Update**

To: Membership Committee

Address: Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK.

Fax: 852-2866 0616

Email: <u>membership@hkcfp.org.hk</u>

Surname:	Given Name : Memb	er ID:	
	Please update if necessary (Please be reminded that the follow will affect your record in the College's membership system)	ing update(s) Show at O Membersh Directory	
Name:	(please provide proof evidence for	name change)	
Membership Category:	*AFM / ASM / FEL / FUM / FDFE / OME / OFE (please circle as	appropriate)	
Primary Email Contact^:			
Nature of Practice:			
Office Address:			
Office No.:			
Home Address:	(For Membership System's Record Only)		
Corresponding Address:	Office / Home (please circle as appropriate)		
<b>Contact Tel No.:</b>			
Mobile No.:			
Registration at MCHK:	☐ Yes with full registration ☐ No	(please spec	cify)
I consent to the use	of my personal data by the College for all academic and adminis	trative purposes.	
Signature:	Date:		
	ership category: AFM – Affiliate; ASM – Associate; FEL – Fellow; FU – Foundation Fellow; OME – Overseas Member; OFE – Overseas Fel		

^ The email will be recorded as your main contact address with the College. It will also be used for

creating your HKCFP membership portfolio and eLearning account, etc. (if applicable)

HKCFP Member Profile Update (Ver. 3 Dec 2024)