



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

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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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: membership@hkcfp.org.hk

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The information listed below would not be published unless we have your clear instruction of consent.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: http://www.hkcfp.org.hk/privacy_policy.html



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 : membership@hkcfp.org.hk

Surname: _____ Given Name : _____ Member ID: _____

Please update if necessary (Please be reminded that the following update(s) will affect your record in the College's membership system)

**Show at Online
Membership
Directory**

Name:

Member Status: *AFM / ASM / FEL / FUM / FDFE / OME / OFE (please circle appropriated)

Email Address:

Job Nature:

Private-Solo / Private-Hosp / MedicalGroup / HA Hosp / HAGOPD / University
Health Service / Institute / NGOMedicalGroup / DH / (please circle appropriated)

Office Address:

Office No.:

Home Address: (For Membership System's Record Only)

Corresponding
Address:

Office / Home (please circle appropriated)

Contact Tel No:

Mobile No.:

Registration at MCHK Yes with full registration Yes with limited registration No _____ (please specify reason)

I consent the above personal data herein will be used by the College for all academic and administrative purposes.

Signature: _____

Date: _____

Remarks: * Membership status: AFM – Affiliate; ASM – Associate; FEL – Fellow; FUM – Full Member; FDFE – Foundation Fellow; OME – Overseas Member; OFE – Overseas Fellow.