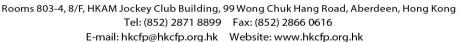


# 香港家庭醫學學院

## The Hong Kong College of Family Physicians



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: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The information listed below would not be published unless we have your clear instruction of consent.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: <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: membership@hkcfp.org.hk

Surname:	Given Name : Member ID:	
Name:	<b>Please update if necessary</b> (Please be reminded that the following update(s) will affect your record in the College's membership system)	Show at Online Membership Directory
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)	_
<b>Contact Tel No:</b>		
Mobile No.:		
Registration at MCHK	☐ Yes with full registration ☐ No (please	specify reason)
I consent the abov purposes.	e personal data herein will be used by the College for all academic and admin	istrative
Signature:	Date:	
	bership status: AFM – Affiliate; ASM – Associate; FEL – Fellow; FUM – Full Memb E – Foundation Fellow; OME – Overseas Member; OFE – Overseas Fellow.	er;