



## Hong Kong Women Doctors Association

香港女醫生協會

P.O. Box No. 47035, Morrison Hill Post Office

G/F, 28 Oi Kwan Road, Wanchai, Hong Kong

E-mail : [hkwda@hkwda.com](mailto:hkwda@hkwda.com) Website : [www.hkwda.com](http://www.hkwda.com)

TEL : (852) 5577 6023

### APPLICATION FOR MEMBERSHIP

Membership of the Association is open to all registered female medical practitioners in Hong Kong. Please complete the membership application form overleaf together with a crossed cheque with the appropriate amount (please refer to Fee Calculations below) made payable to "Hong Kong Women Doctors Association Limited" and return to:

Hong Kong Women Doctors Association  
P.O. Box No. 47035, Morrison Hill Post Office  
G/F, 28 Oi Kwan Road, Wanchai, Hong Kong

#### Fees for New Membership

#### Total

**Life Member                      Application Fee HK150 + Membership Fee HK\$3,000                      HK\$3,150**

(A one-off payment and no Annual Subscription Fee will be required in subsequent years. Registered Female medical practitioner in Hong Kong shall be eligible to become a Life Member and will have voting rights in the General Meeting)

**Full Member                      Application Fee HK\$150 + Annual Subscription Fee HK\$300                      HK\$450**

(Registered Female medical practitioner in Hong Kong shall be eligible to become a Full Member and will have voting rights in the General Meeting)

**Associate Member              Application Fee HK\$150 + Annual Subscription Fee HK\$200                      HK\$350**

(Female Medical practitioner not registered in Hong Kong shall be eligible to become an Associate Member and will not have voting rights in the General Meeting)

**Student Member              Application Fee HK\$150 +                      HK\$150**  
**Annual Subscription Fee HK\$150 (waived in the year 2020)**

(Female Medical students shall be eligible to become a Student Member and will not have voting rights in the General Meeting)

#### Annual Subscription Fee

**Full Member                      .....                      HK\$300**

**Associate Member              .....                      HK\$200**

**Student Member              (waived in the year 2020).....                      HK\$150**

\*\*\* Annual Subscription Fees are payable in advance on the 1<sup>st</sup> day of January every year \*\*\*



Type of Membership applied for ( please tick the appropriate box )

- Life Member                                       Full Member                                       Associate Member
- Student Member – \*HKU/CUHK Medical Student Year \_\_\_\_\_ / Internship Completion Date \_\_\_\_\_

Please complete in BLOCK CAPITALS and return it to Hong Kong Women Doctors Association, P.O. Box No. 47035, Morrison Hill Post Office, G/F, 28 Oi Kwan Road, Wanchai, Hong Kong  
For enquiries, please contact the Association Secretariat by phone : (852) 5577 6023 or email: hkwda@hkwda.com

### Particulars of Applicant

Surname ( same as HKID )

Other Names ( same as HKID )

Name in Chinese

Date of Birth ( dd/mm/yy )      HKID Card No. (eg A1234XX(X))

Pager No.                                      Mobile Phone No.

E-mail Address

Residential Address

Tel. No.                                      Fax No.

Office Address

Tel. No.                                      Fax No.

District in which your practice is located  
( please tick the appropriate box )

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Districts         | <input type="checkbox"/> Sham Shui Po  | <input type="checkbox"/> Sai Kung  |
| <input type="checkbox"/> Central & Western | <input type="checkbox"/> Wong Tai Sin  | <input type="checkbox"/> Sha Tin   |
| <input type="checkbox"/> Eastern           | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Tai Po    |
| <input type="checkbox"/> Southern          | <input type="checkbox"/> Islands       | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Wan Chai          | <input type="checkbox"/> Kwai Tsing    | <input type="checkbox"/> Tuen Mun  |
| <input type="checkbox"/> Kowloon City      | <input type="checkbox"/> North         | <input type="checkbox"/> Yuen Long |
| <input type="checkbox"/> Kwun Tong         |  |                                    |

Newsletter post to ( please tick the appropriate box )  
 Residential /  Office Address

Date of Registration with Medical Council of Hong Kong  
( dd/mm/yy )

Medical Council of Hong Kong Registration No.

Qualification(s)

Present Employment ( please delete the inapplicable words )  
Private / Government / Hospital Authority / University / Others

Specialties

Please kindly show your interest in the below (circle your choice and can be more than one)

- Academic and Education
- Mainland Liaison
- Community Service
- Current Affairs
- Internal Affairs
- Internal Communication
- International Liaison
- Local Liaison
- Membership
- Sports
- Welfare & Fellowship
- Youth

I declare that the above information is true and complete to the best of my knowledge and belief. I have no conviction involving fraud, dishonesty or professional misconduct either locally or overseas. I understand that upon the HKWDA board approval of my membership application, I shall observe and abide by the regulations and standards of the association. Waive all claims against the association for any loss or damage I may suffer arising from the application.

Signature of Applicant

Date

### For Office Use Only

Application Received on

Membership Number

Passed by the Board on

Receipt Number