

Membership Application Form

Membership

Voting Pre-registration Associate Student

Personal Information

Information provided should be the SAME as HKID card.

All information will be kept strictly confidential and be used for application and activities of the Society only.

Photograph

Name: _____ Chinese Name: _____ Sex: _____

HKID No.: _____ HK Registration No.: _____ Date of Birth: _____

Address: _____

Contact number: _____ Email: _____

Academic and Professional Qualifications

	<u>Institution</u>	<u>Qualification</u>	<u>Year obtained</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Current Practice - Please check where appropriate:

Name of Employer: _____

Academic Hospital Authority Local Manufacturer International Manufacturer Others: _____
 Community Private Hospital Trading/Wholesale Government/Civil Service

Area of Expertise:

Elderly Care NCD Pharmacist Prescribing Others: _____
 Paediatric Care Public Education Vaccination

PCCC Membership - Please indicate if you are interested in (check where appropriate):

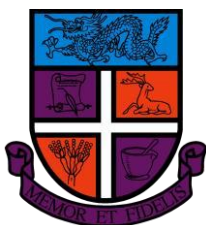
Receiving the Pharmacy Central Continuing Education Committee (PCCC) C.E. article by email. (Free of charge)

The Pharmaceutical Society Charitable Foundation Limited Membership (Free of charge)

Members of PSHK will automatically become members of the Pharmaceutical Society Charitable Foundation Limited, which is a charitable company. Please indicate if you do not wish to be the member of the Foundation. [Note 5]

I do not wish to join as a member of the Pharmaceutical Society Charitable Foundation Limited.
 I declare that all information provided in this application and in documents submitted is true and correct.

Signature of Applicant: _____ Date: _____



香港藥學會

The Pharmaceutical Society of Hong Kong

Room 1303, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong

Tel: (852) 2376 3090 | Fax: (852) 2376 3091

E-mail: pharmacist@pshk.hk

Website: http://pshk.hk

Cheque enclosed(No): _____ *Bank:* _____

Direct deposit (HSBC 0022-163-166): Please attach bank-in receipt

Cash

Notes:

1. Payment: by cash, crossed cheques (made payable to **The Pharmaceutical Society of Hong Kong**), or by direct deposit into **account HSBC 0022-163-166**.

2. Fees:

Entrance Fee: **HKD200.00 Plus Membership Fees** (Shown as below):

	Join between 1 st Jan and 30 th June	Join between 1 st July and 31 st Dec
Students	Free	Free
Voting members #	\$400	\$200
Pre-registration	\$200	\$100
Associate members #	\$600	\$300

- The above scheme applies to new members upon their application only.
- All membership expires on 31st December every year.
- Renewal fee must be paid in full and no half-year renewal payment will be accepted.
- # For voting members and associate members, renewal of membership for three years will enjoy a \$200 discount.
- All fee submitted related to unsuccessful application will not be refundable.

3. Application process takes about 6 to 8 weeks.

4. Pre-registration members are required to send copies of their licence, after they registered in Hong Kong.

Checklist before sending out

- One passport size photograph
- Copies of academic and professional qualifications
- Voting members only:* Copy of the Certificate of Registration with the Pharmacy and Poisons Board of Hong Kong
- Application fee/ crossed cheque made payable to "The Pharmaceutical Society of Hong Kong"/ bank-in receipt
- Pre-registration members (overseas graduates) only:* Notification Letter issued by the Pharmacy and Poisons Board of Hong Kong indicating that you are eligible for the registration examination OR other evidence to support that you are undertaking pharmacy internship e.g. letter from former preceptor.

For Official Use Only

Secretary: _____ *Application form received on (date):* _____ *(Sign):* _____

Approval: _____ *The application was **approved / not approved** by the General Council at the General Council Meeting*

on: _____ *(date)*

(Sign) _____ *(Name)* _____ *(Chairman or Officer on behalf)*

Treasurer: _____ *Cheque no:* _____ *Received by:(sign)* _____

Direct deposit (HSBC 0022-163-166): Bank-in receipt attached

Membership coordinator: _____ *Membership card issued and sent on (date):* _____ *(Sign)* _____

Membership No: _____