



The Society of Hospital Pharmacists of Hong Kong

13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong

Membership Application Form

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| For Official Use Only |
| Membership no: |
| Approved by: |
| Approval date: |

Personal Information

Title: _____ Name (Surname first): _____ (English) _____ (Chinese)

Sex: _____ Postal address: _____

Tel: _____ Email: _____ HK Registration no.: _____

Name of workplace: _____ Job title: _____

Academic and Professional Qualifications

| Institution | Qualification | Year obtained |
|-------------|---------------|---------------|
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Area(s) of Interest

SHPHK is committed to helping our members to fulfil their potential and we offer a range of learning opportunities for our members. Please indicate your area(s) of interest below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aseptic Manufacturing/ Radiopharmacy | <input type="checkbox"/> Medication Safety | <input type="checkbox"/> Paediatrics/ Neonatology |
| <input type="checkbox"/> Antimicrobials/ Infectious Diseases | <input type="checkbox"/> Health Informatics | <input type="checkbox"/> Pain and Palliative Care |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nutrition Support | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Endocrinology/ Diabetes | <input type="checkbox"/> Obstetrics and Gynaecology | <input type="checkbox"/> Sexual Health |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oncology/ Haematology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Ophthalmology | |

Membership Categories

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|--------------------------|--|
| Voting Member | Registered Pharmacist in Hong Kong Practising in a Hospital Pharmacy |
| Non-voting Member | Registered Pharmacist in Hong Kong Practising in Other Sectors |
| Associate Member | Pharmacy Intern; Overseas Pharmacist; Related Personnel from Pharmaceutical Industry |
| Student Member | Pharmacy Students of CUHK or HKU |

Payment & Declaration

| Type | Initiation Fee (For new members only) | Annual Subscription Fee (From Jan till Dec each year) | Three-year Subscription Fee (From Jan each year) |
|--|--|---|--|
| Voting member, Non-voting Member and Associate member | \$100 | \$400 or \$200 for applications in or after July each year | \$1,200 Free LEXICOMP accounts (valid until Dec 2020) will be given to voting, non-voting and associate members, on a first come first served basis |
| Student member | \$100 | \$100 or \$50 for applications in or after July each year | N/A |

I wish to become a (voting / non-voting / associate / student)* member of SHPHK.

I declare that all information provided in this application is true and correct.

Please post the completed application form and a crossed cheque made payable to **“The Society of Hospital Pharmacists of Hong Kong Ltd.”**, to 13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong. Upon receipt of your application form, a confirmation letter will be sent to you by post.

Issuing Bank: _____ Cheque No.: _____

Signature of Applicant: _____ Date: _____

Disclaimer: SHPHK is committed to protecting the privacy of its members and will not share your details with any other third parties. All information will be kept strictly confidential and be used for application and activities of the Society only.

*Please circle as appropriate