



The Society of Hospital Pharmacists of Hong Kong

Membership Application Form  
(For New member)

<b>Office use only:</b>
Membership No. & Status:
Approved by SHP GC:
Approval Date:

(\*Delete where appropriate)

Personal Details

Name (English, surname first): \_\_\_\_\_

Name (Chinese): \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Sex: (\* Male / Female)

Office Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Email address: \_\_\_\_\_

Qualification

University attended/ in which enrolled	Degree conferred/ expected	Date conferred/ expected

Registration / Licensing Status (Tick where appropriate and fill in details)

- Student member (no licensing details required)
- Registration in Hong Kong: Registration no.: \_\_\_\_\_ Date issued: \_\_\_\_\_
- Registration in: \_\_\_\_\_ Reg. no.: \_\_\_\_\_ Date issued: \_\_\_\_\_

Payment & Declaration

I wish to become a member of SHPHK and I have enclosed a cheque for the amount indicated below (Tick one only):

- For new member: Initiation fee \$100 + 1 Annual membership fee \$350 = Total amount HK\$450
- For new member: Initiation fee \$100 + 3 Annual membership fee \$1050 = Total amount HK\$1150 (A basic Lexi-Comp PDA version for 3 years will be provided)
- For current CUHK intern: Initiation fee \$100 + 1 Annual student membership fee \$250 = Total amount HK\$350
- For current CUHK intern: Initiation fee \$100 + 1 Annual student membership fee \$250 + 2 years membership fee \$350 = Total amount HK\$1050 (A basic Lexi-Comp PDA version for 3 years will be provided)

Issuing Bank: \_\_\_\_\_ Cheque no: \_\_\_\_\_

(Payable to "The Society of Hospital Pharmacists of Hong Kong Ltd.")

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form and the cheque to: SHPHK, 13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong