



The Society of Hospital Pharmacists of Hong Kong

Membership Application Form

Office use only:

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 {*voting/non-voting/associate/student} 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 current CUHK or HKU intern: Initiation fee \$100 + 1 Annual student membership fee \$250 = Total amount HK\$350

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