



The Society of Hospital Pharmacists of Hong Kong

Membership Application Form

Office use only:
Membership No. _____
Approved by SHP GC: _____
Approval Date: _____

(* Delete where appropriate)

Personal Details

Name (English, surname first): _____ Name (Chinese): _____

Date of Birth (DD/MM/YYYY): _____ Sex: (M / F) * Office Name: _____

Office Address: _____ Tel: _____

Contact Address: _____ Tel: _____

Email address: _____

Qualification

University	Degree conferred / expected	Date conferred / expected

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

- Student member (No licensing details is required)
- Registered in Hong Kong (Registration No.: _____ Year of Registration: _____)
- Registered in _____ (Registration No.: _____ Year of Registration: _____)

Payment & Declaration

- I wish to become a (voting / non-voting / associate / student)* member of SHPHK and I have enclosed a cheque (Payable to "The Society of Hospital Pharmacists of Hong Kong Ltd.") for the amount indicated below.

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: Related personnel from pharmaceutical industry

Student member: Bachelor of Pharmacy students from CUHK and HKU; Pharmacy intern

Type	Initiation Fee (For new members only)	Annual Subscription Fee (From January til December each year)
Voting member, Non-voting member, Associate member	\$ 100	+ \$ 350 (or \$ 175 for applications in or after July each year)
Student member	\$ 100	

Issuing Bank: _____

Cheque No.: _____

Applicant's Signature: _____

Date: _____