



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

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

Sex: (M/F)* Contact address: _____

Tel: _____ E-mail: _____ Organisation name: _____

Job title: _____ Area(s) of specialisation (if applicable): _____

Academic and Professional Qualifications

University	Degree conferred/ expected	Date conferred/ expected

Area(s) of Interest

SHPHK is committed to help you fulfil your potential and we offer a range of learning opportunities for our members. Please indicate your area(s) of interest by ticking the topic(s) below:

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	<input type="checkbox"/>		

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.

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	\$250 (or \$125 for applications in or after July each year)

Payment can be made by writing a cheque payable to **“The Society of Hospital Pharmacists of Hong Kong Ltd.”**) and send the cheque with the completed form to 13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong. Upon receipt of your application form, your registration will be confirmed to you by post.

Issuing Bank: _____ Cheque No.: _____

Application Signature: _____ Date: _____