



## 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 inappropriate)

#### Personal Details

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

Name (Chinese): \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Sex: { \*Male / Female }

Office name and address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Home / Contact address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Photo
-------

#### Qualification

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

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

- Student<sup>†</sup> 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<sup>†</sup> } member of SHPHK and I have enclosed a { \*cheque / money order } for the amount indicated below (Tick one only):

- Initiation fee \$100 + Annual membership fee \$350 = **Total amount HK\$450**
- Initiation fee \$100 + Annual student<sup>†</sup> membership fee \$250 = **Total amount HK\$350**

<sup>†</sup> Note on eligibility: Only students enrolled in the Bachelor of Pharmacy programme in School of Pharmacy, CUHK are eligible for student membership.

Issuing bank: \_\_\_\_\_ Cheque no: \_\_\_\_\_

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

#### Instructions for Applicant

Please fill in the membership application form and send it together with a cheque / money order (payable to "The Society of Hospital Pharmacists of Hong Kong, Ltd.") to:

The Society of Hospital Pharmacists of Hong Kong  
13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong