



# The Society of Hospital Pharmacists of Hong Kong

To promote, improve and assist the advance of hospital pharmacy practice

## MEMBERSHIP APPLICATION FORM

### Personal Information

**Title:**  **Name (Surname first):**  (Eng)  (Chi)

**Sex:**  **Postal Address:**

**Tel:**  **Email:**  **HK Reg no.:**

**Name of Workplace:**  **Job Title:**

### Academic and Professional Qualifications

Institution	Qualification	Year Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Area(s) of Interest

SHPHK is committed to helping its members to fulfil their potential and we offer a range of learning opportunities for our members. Please indicate your area(s) of interest below: (please tick as appropriate)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 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              |   |

I wish to become a: (please tick as appropriate)

- |                          |                   |  |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | Voting Member     | Registered Pharmacist in Hong Kong Practising in a Hospital Pharmacy                 |
| <input type="checkbox"/> | Non-Voting Member | Registered Pharmacist in Hong Kong Practising in Other Sectors                       |
| <input type="checkbox"/> | Associate Member  | Pharmacy Intern; Overseas Pharmacist; Related Personnel from Pharmaceutical Industry |
| <input type="checkbox"/> | Student Member    | Pharmacy Student of CUHK or HKU  |



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### Payment and Declaration

All NEW members have to pay an initiation fee of HKD100.

Type	Annual Subscription Fee (From Jan till Dec each year)	Three-year Subscription Fee (From Jan each year)
Voting Member, Non-voting Member and Associate Member	HKD400 or HKD200 for application in or after July each year	HKD1200
Student Member	HKD100 or HKD50 for application in or after July each year	N/A

I declare that all information provided in this application is true and correct.

Please post the completed application form and a crossed cheque made payable to "The Society of Hospital Pharmacists of Hong Kong Ltd.", to 13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong.  
Upon receipt of your application form, a confirmation letter will be sent to you by post.

**Cheque no.:**

**Issuing Bank:**

**Signature of Applicant:**

**Date:**

**Disclaimer:** SHPHK is committed to protecting the privacy of its members and will not share your details with any other third parties. All information will be kept strictly confidential and be used for application and activities of the Society only.

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### For Official Use Only

Membership No:

Approved By:

Date of Approval: