



THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香港醫學組織聯會

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STUDENT MEMBERSHIP APPLICATION FORM

Name of Society : _____

Correspondence Address : _____

Affiliated Education Institution : _____

Affiliated Student Union : _____

Related Medical/Health Profession : _____

Name of Office Bearers & Contact : _____

Name of Proposer : _____

Name of Seconder : _____

Web site : _____

Email : _____

Tel/Fax No. Tel: _____ Fax: _____

Date of Establishment : _____

Total Number of Members : _____

Signature _____

Name (in block letter) _____

Position _____

Date _____

Please attach the following documents in support of your application:

- Constitution, Memorandum & Articles of Association or similar documents of incorporation
- Copy(ies) of Certificates of Society/ company registration
- List of Office-bearers and Committee Members

For FMS record

Received _____

Approved on _____

(Exco) Remarks

Follow up _____

(Council)