



THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香港醫學組織聯會

Duke of Windsor Social Service Building, 4/F, 15 Hennessy Road, Hong Kong

Tel: (852) 2527 8898 Fax: (852) 2865 0345 Homepage: [www.fmskh.org](http://www.fmskh.org) E-mail: [info@fmskh.org](mailto:info@fmskh.org)

MEMBERSHIP APPLICATION FORM

Name of Society : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No./Fax No. : \_\_\_\_\_ / \_\_\_\_\_

Email : \_\_\_\_\_

Category of Membership Applied for : \_\_\_\_\_

Date of Establishment : \_\_\_\_\_

Name of Office Bearers : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Members : Full / Ordinary Member

: Associate Member

Type of Registration : \_\_\_\_\_

Name of Proposer : \_\_\_\_\_

Name of Seconder : \_\_\_\_\_

Signature \_\_\_\_\_

Name (in block letter) \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please attach the following documents in support of your application:

- Constitution, Articles of Association or similar documents of incorporation
- Copy(ies) of Certificates of societies/ companies registration
- List of Office-bearers and Committee Members
- Copies of letters from proposer and seconder

=====

For FMS record

Received \_\_\_\_\_

Follow up \_\_\_\_\_

Approved on \_\_\_\_\_

\_\_\_\_\_

(Exco) Remarks

(Council)