

Hong Kong Association of Medical Physics

Application for Membership

Applicant should read the attached "Notes for Applicant" before completing this form.

<i>General Information:</i> Please indicate the class of membership you are applying for by checking the appropriate box below.																												
Associate Member						Full Member						Subscription for life membership																
Personal Inform	atio	n																										
Surname Other Names																				Pr	of /	/Dr	/M	r /N	Mrs	s /M	[s *	
Identity No.	HKID / Passport No. *																											
Postal Address																												
E-mail Address																												
Day Time Contact Tel. No. Fax No. Fax No.																												
Academic Quali	fica	tio	n																									
Bach. Degree University																				Yı	A	war	dec	ŀ				
Master Degree University																				Yı	Α	war	dec	1				
Doctoral Degree University																				Yı	Υ	war	dec	1				
Remarks: Copy of certificate(s) must be certified by a Certified Medical Physicist of HKAMP and submitted with the application. Present Employment																												
Tresent Employ	IIIGI	U																										
Employer																												
Postal Address																												
Job Title			Τ																									
Date of Employment [dd-mm-yy]																												

^{*} delete as appropriate

Applican	t's Surnar	me & Initials												
Previous	Previous Relevant Employment													
List in chro	List in chronological order. Please give details on a separate sheet when necessary.													
Fm	To	Name and Address of Employer	Position Held (please indicate FT or PT)											
mm-yy	mm-yy	Traine and Tradiess of Employer	and Major Responsibilities											

Applicant's Surn	name & Initials														
Professional Re	Professional Referees														
Proposer										Pı	of /Di	r / M	Ir /Mrs	s/Ms	s *
Postal Address															
Date [dd-mm-yy] Proposer's Signature															
Supporter										Pı	of /Di	r / M	Ir /Mrs	s/Ms	s *
Postal Address															
Date [dd-mm-yy	Date [dd-mm-yy] Supporter's Signature														
	I declare that the information given in this application form and any other documents attached are true, correct and complete. I am willing to abide by the Constitution of the Association. Date [dd-mm-yy] Applicant's Signature														
* delete as appropriate															
Office Use Only Date received	7	-	-				Ackı	now.	done		-		-		
Amount of fees received HK\$															
Certified academic cert. received [Yes / No]															
Certified appoint						_	es / N es / N	_							
Remarks															
Recommendation	n														

Notes for Applicant:

- 1. Definition and requirements for membership:
 - (a) Full Member- This class of membership is open for application by any individual who is over 21 years of age, is of good conduct, and meet the qualification requirements as stipulated in:
 - (i) A master degree in physical science or engineering obtained from a university in Hong Kong or a recognized overseas university or institution, or equivalent;
 - (ii) Past or present professional engagement in Medical Physics, Health Physics, or related fields; and
 - (iii) Not less than three years recognized full-time equivalent working experience in Medical Physics or Health Physics
 - (b) Associate Member-This class of membership is open for application by any individual who is over 21 years of age, is of good conduct, and meet the qualification requirements as stipulated in:
 - (i) A master degree obtained from a university in Hong Kong or recognized overseas university or institution, or equivalent; and
 - (ii) Past or present job related to Medical Physics, Health Physics or related fields.
 - (c) Life membership: Subject to approval by the Executive Committee, a Full Member can apply to subscribe to the one-time life membership fee at a rate equal to 20 times that of the annual membership fee for Full Member. Life membership is a membership subscription rate rather than a class of member.
- 2. The Proposer and Supporter shall be Full Members of HKAMP.
- 3. The completed application form together with a crossed cheque made payable to "Hong Kong Association of Medical Physics Limited" with an amount equal to the sum of the Admission Fee and the Annual Subscription Fee for the class of membership being applied for and all the relevant supporting documents shall be sent to the Secretary General of HKAMP:

Ms. Monica KAN
Physicist,
Department of Oncology,
Rm 605, 6/F, Block H,
Princess Margaret Hospital,
Kowloon,
Hong Kong SAR

4. Fees

Admission Fee: HK\$ 100.00
Annual subscription fee for Full Member: HK\$ 100.00
Annual subscription fee for Associate Member: HK\$ 50.00
Subscription fee for life membership: HK\$ 2,000.00

- 5. When the application is approved by the Executive Committee of HKAMP, the admission fee and membership subscription fee shall be non-refundable.
- 6. Supporting documents required to be submitted with the application form:
 - (a) Certified true copy of the certificates as listed under the Academic Qualification section.
 - (b) Self-certified true copy of the letter of appointment as medical physicist, health physicist, etc.
 - (c) Detailed list of relevant working experiences certified by the applicant's supervisor.