



# Hong Kong Association of Medical Physics

## Application for Membership

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

### **General Information:**

Please indicate the class of membership you are applying for by checking the appropriate box below.

Associate Member

Full Member

### **Personal Information**

Surname 



 Prof /Dr /Mr /Mrs /Ms \*

Other Names

Identity No. 



 HKID / Passport No. \*

Postal Address

E-mail Address

Day Time Contact Tel. No.

Fax No.

### **Academic Qualification**

Bachelor Degree University 



 Year Awarded

Master Degree University 



 Year Awarded

Doctoral Degree University 



 Year Awarded

Remarks: Copy of certificate(s) must be certified by a Certified Medical Physicist of HKAMP and submitted with the application.

### **Present Employment**

Employer

Postal Address

Job Title

Date of Employment [dd-mm-yy] 



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\* delete as appropriate

Applicant's Surname & Initials

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**Previous Relevant Employment**

List in chronological order. Please give details on a separate sheet when necessary.

Fm mm-yy	To mm-yy	Name and Address of Employer	Position Held (please indicate FT or PT) and Major Responsibilities

Applicant's Surname & Initials

**Professional Referees**

Proposer	<input style="width: 95%; border: 1px solid black;" type="text"/>	Prof /Dr /Mr /Mrs /Ms *
Postal Address	<input style="width: 100%; border: 1px solid black;" type="text"/>	
Date [dd-mm-yy] _____	Proposer's Signature _____	
Supporter	<input style="width: 95%; border: 1px solid black;" type="text"/>	Prof /Dr /Mr /Mrs /Ms *
Postal Address	<input style="width: 100%; border: 1px solid black;" type="text"/>	
Date [dd-mm-yy] _____	Supporter's Signature _____	

**Declaration**

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	-	-	Acknow. done	-	-
Amount of fees received	HK\$				
Certified academic cert. received	[Yes / No]				
Certified appointment document received	[Yes / No]				
Certified work experience/duty list received	[Yes / No]				
Remarks					
Recommendation					

***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.
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:

Venus Lee,  
Medical Physics Unit,  
Clinical Oncology Department,  
Tuen Mun Hospital  
23 Tsing Chung Koon Road  
Tuen Mun Hospital,  
Hong Kong

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
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.