

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 Me	Full Member														
Personal Informa	tion														
Surname Other Names						Prof /Dr /Mr /Mrs /Ms *									
Identity No.						HKID / Passport No. *									
Postal Address															
E-mail Address															
Day Time Contact	Tel. No.				Fax No.										
Academic Qualifi	cation														
Bachelor Degree University						Year Awarded									
Master Degree						Year Awarded									
University Doctoral Degree University						Year Awarded Year Awarded									
Remarks: Copy of		ertified by a Ce	rtified Medi	cal Physicist of H	KAMP and subr	mitted with the application.									
Present Employm	nent														
Employer															
Postal Address															
Job Title															
Date of Employm	ent [dd-mm-yy]	-	- [

^{*} delete as appropriate

Applicant	's Surnam	e & Initi	ials																
Previous Relevant Employment																			
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Fm	То	Name			Pos	sition	Held	d (plea	se i	ndicat	e FT	or PT	Γ)						
mm-yy	mm-yy	Name and Address of Employer													onsibi				

Applicant's Surna	me & I	nitial	S																							
Professional Referees																										
Proposer																			Pı	rof	/Dr	/M	r /	Mrs	/M	s *
Postal Address																										
Date [dd-mm-yy] Proposer's Signature																										
Supporter	Prof /Dr /Mr /Mrs /Ms *																									
Postal Address																										
Date [dd-mm-yy]										Sup	po	rter	-'s S	Sign	atu	ire										
	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														errect											
* delete as appropriate																										
Office Use Only Date received				_		-							ļ	Ack	nov	v. d	lon	e			_			_		
Amount of fees re	eceived	t	HK\$;																						
Certified academ	ic cert.	recei	ved			[Ye	es /	No)]																	
Certified appoints														/ N / N												
Remarks																										
Recommendation	1																									

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 all the relevant supporting documents shall be sent to the following address:

Attn: Dr. Venus LEE,
To: Medical Physicist Unit,
Department of Clinical Oncology,
Tuen Mun Hospital, Hong Kong

- 4. 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.
- 5. When the application is approved by the Executive Committee of HKAMP, E-mail will be sent to inform the applicant to submit the total fee via FPS (account number: 109626598) or sending a crossed cheque made payable to "Hong Kong Association of Medical Physics Limited" to the following address.

Attn: Dr. Wicger WONG,
To: Rm 604, Block H,
Department of Oncology,
Princess Margaret Hospital, Hong Kong

- 6. The total fee shall be 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 non-refundable. Admission Fee is only required upon admission to HKAMP, but not required for conversion from Associate Member to Full Member.
- 7. Fees

Admission Fee: HK\$ 100.00
Annual subscription fee for Full Member: HK\$ 100.00
Annual subscription fee for Associate Member: HK\$ 50.00