

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 Subscription for life membership																										
Personal Inform	natio	on																								
Surname Other Names																		Pı	of,	/Dr	/M	[r /]	Mrs	s/M	[s *	
Identity No.	HKID / Passport No. *									*																
Postal Address																										
E-mail Address																										
Day Time Contact Tel. No. Fax No.																										
Academic Quali	fica	tio	n																							
Bach. Degree																		Y	r A	wai	rde	d				
University																						<u> </u>	<u>L</u>			
Master Degree																		Y	r A	wa	rde	d				
University																						<u> </u>	<u>L</u>			
Doctoral Degree																		Y	r A	wai	rde	<u>d</u>				
University																						<u> </u>	<u>L</u>			
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																							Π			
Job Title		L	L	L		L	L				L			L	L	L				L						
Date of Employment [dd-mm-yy]																										

^{*} delete as appropriate

Applicant's Surname & Initials																			
Previous Relevant Employment																			
List in chronological order. Please give details on a separate sheet when necessary.																			
Fm mm_vvv	To mm-xyy	Name and Address of Employer						Position Held (please indicate FT or PT)											
mm-yy	mm-yy	- ,						and Major Responsibilities											

Applicant's Surname & Ini	itials											
Professional Referees												
Proposer			Prof /Dr /Mr /Mrs /Ms *									
Postal Address												
Date [dd-mm-yy] Proposer's Signature												
Supporter			Prof /Dr /Mr /Mrs /Ms *									
Postal Address												
Date [dd-mm-yy]	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. d	lone									
Amount of fees received HK\$												
Certified academic cert. received [Yes / No]												
Certified appointment docu Certified work experience/		[Yes / No] [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.
 - (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:

Darrell Li, Medical Physics Unit, L6A, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon, 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
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.