

# 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.

Ass	sociate Member	Full Member	Subscription for life membership						
Personal Information									
Surname Other Names			Prof /Dr /Mr /Mr	rs /Ms *					
Identity No.			HKID / Passport	: No. *					
Postal Address									
E-mail Address									
Day Time Contac			Fax No.						
Academic Quali	fication								
Bach. Degree University			Yr Awarded						
Master Degree University			Yr Awarded						
Doctoral Degree University			Yr Awarded						
applicati	ion.	ertified by a Certified Medica	al Physicist of HKAMP and submitted with the	e					
Present Employ	ment								
Employer									
Postal Address									
Job Title									
Date of Employm	nent [dd-mm-yy]								

\* 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	То	Name and Address of Employer	Position Held (please indicate FT or PT)
ım-yy	mm-yy		and Major Responsibilities

Applicant's Surna	ame &	Initia	ls																			
Professional Ref	ierees																					
Proposer																Pr	of /I	Dr /	/M	r /Mr	s /N	ls *
Postal Address																						
Date [dd-mm-yy]   Proposer's Signature																						
Supporter	Supporter Prof /Dr /Mr /Mrs /Ms *										1s *											
Postal Address																						
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]								Ap	oplic	ant	's S	igna	atu	re _								
* delete as approprie	ate																					
Office Use Only																						
Date received				-		-					A	ckr	iow	v. d	one		-	-		-		
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	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.
  - (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, Department of Clinical Oncology, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, 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.