



香港藥學會

The Pharmaceutical Society of Hong Kong

Kowloon G.P.O. Box 73552, Yau Ma Tei, Kowloon, Hong Kong.

Society's Fax: (852) 23763091

E-mail: pharmacist@pshk.hk

Websites: <http://pshk.hk>

Membership Application Form

Membership Status

Voting Pre-registration Associate Student

Photograph

Personal Information

Information provided should be the SAME as the that printed on the HKID card.

All information will be kept strictly confidential and be used for application and activities of the Society only.

Name: _____ Chinese Name: _____ Sex: _____
Last name/Surname first

HKID No : _____ HK Registration No _____ Date of Birth: _____

Address: _____

Tel: (Home) _____ (Office) _____ (Mobile/Pager) _____

Fax: (Home) _____ (Office) _____ E-mail: _____

*You must provide an e-mail address for future communication (e.g. member's circulation)

Academic and Professional Qualifications

	<u>Institution</u>	<u>Qualification</u>	<u>Year Obtained</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Current Practice Setting - Please check where appropriate:

Academic Hospital Authority Local Manufacturer International Manufacturer Others
 Community Private Hospital Trading/Wholesale Government/Civil Service

PCCC Membership - Please indicate if you are interested in (check where appropriate):

Receiving the Pharmacy Central Continuing Education Committee (PCCC) C.E. article by email. (Free of charge)

The Joint Pharmaceutical Services Foundation Limited Membership (Free of charge)

Members of PSHK will automatically become members of the Joint Pharmaceutical Services Foundation Limited, which is a charitable company. Please indicate if you do not wish to be the member of the Foundation. [Note 5]

I do not wish to join as a member of the Joint Pharmaceutical Services Foundation Limited.

I declare that all information provided in this application and in documents submitted is true and correct.

Signature of Applicant: _____ Date: _____

Cheque enclosed (No): _____ Bank: _____

Direct deposit (HSBC 0022-163-166): Please attach bank-in proof

Cash



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Notes:

1. Payment: by cash, crossed cheques (made payable to **The Pharmaceutical Society of Hong Kong**), or by direct deposit into **account HSBC 0022-163-166**.
2. Fees:
Entrance Fee: **HKD200.00 Plus Membership Fees** (Shown as below):

	Join between 1 st Jan and 30 th June	Join between 1 st July and 31 st Dec
Students *	\$100	\$50
Voting members #	\$400	\$200
Pre-registration	\$200	\$100
Associate Members #	\$600	\$300

 - The above scheme applies to new members upon their application only.
 - All membership status expires on 31st December every year.
 - Renewal fee must be paid in full and no half-year renewal payment will be accepted.
 - *** Entrance fee will be waived**
 - **# For voting members and associate members, renewal of membership for three years will enjoy a \$200 discount.**
 - **All fee submitted related to unsuccessful application will not be refundable.**
3. New member processing time is about 6 to 8 weeks.
4. Membership detail synchronizes with PCCC membership database regularly.
Please note that only processed membership detail will be sent to PCCC.
5. The Joint Pharmaceutical Services Foundation Limited is a charitable company formed by PSHK. The Foundation aims to promote public health and to advance drug knowledge of people who are engaged in patient care and to implement programs on a non-profit making basis for specific patient groups, elderly people, healthcare workers in old aged homes and the general public.
6. Pre-registration members are required to inform us, with copies of their licence, after they become Hong Kong registered pharmacists.

Please check the following before sending out your application form

- One recent passport size photograph of the applicant.
- Copies of certificates of academic and professional qualifications.
- Voting members only:* A copy of the Certificate of Registration with the Pharmacy and Poisons Board of Hong Kong.
- Application fee/ crossed cheque made payable to "The Pharmaceutical Society of Hong Kong"/ bank-in proof.
- Pre-registration members (overseas graduates) only:* Notification Letter issued by the Pharmacy and Poisons Board of Hong Kong indicating that you are eligible for the registration examination OR other evidence to support that you are undertaking pharmacy internship e.g. letter from former preceptor.

For Official Use Only

Secretary: Application form received on (date): _____ (Sign): _____

Approval: The application was **approved / not approved** by the General Council at the General Council Meeting on: _____ (date)
(Sign) _____ (Name) _____ (Chairman or Officer on behalf)

Treasurer: Cheque no: _____ Received by: (sign) _____
Direct deposit (HSBC 0022-163-166): Bank-in proof attached

Membership coordinator: Membership card issued and sent on (date): _____ (Sign) _____
Membership No: _____