



## **HKPDA Membership Application Form**

### **Personal Information**

Name: \_\_\_\_\_ [English] \_\_\_\_\_ [Chinese] Gender: M/F\*

Current working institution: \_\_\_\_\_

Basic medical degree: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Medical Council Hong Kong (MCHK) Registration Number: \_\_\_\_\_

\* delete if inappropriate

**New Membership Application**

**Membership Renewal (Only need to fill in the following if there is change in information)**

### **Contact Information**

Correspondence Address:

\_\_\_\_\_

Telephone no: \_\_\_\_\_

Email address: \_\_\_\_\_

**I have read and agree the HKPDA's personal data policies\*.**

**I opt-in to having my information stored to complete this transaction and receive relevant communications, services and benefits\*.**

**I agree to follow the member regulation of HKPDA\***

\* Required

\*Personal data provided by the applicants will be used strictly in accordance with the HKPDA's personal data policies as set out in the Personal Information Collection Statement. A copy of the Statement can be obtained at HKPDA website <https://www.hkpda.org.hk>, under the "Membership section"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please send your application form to:*

*The Honorary Secretary, HKPDA, Unit C, 3/F, Worldwide Centre, 123 Tong Chau Street, Kowloon*

*Or email to: [membership@hkpda.org.hk](mailto:membership@hkpda.org.hk)*