



香港藥劑專科深造學院

The College of Pharmacy Practice

13/F., Kingsfield Centre, 18 Shell Street,

North Point, Hong Kong

E-mail: admin@cpp.org.hk

Websites: http://www.cpp.org.hk

Membership Application Form

Membership Status

Ordinary Associate

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 College only.

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

HKID Card / Passport No (Optional): _____ Date of Birth: _____

Province/Country of Registration as a pharmacist _____ Registration No: _____ HK P&P Board Registration No: _____

Address: _____

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

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

***You must provide an e-mail address for future communication**

Company/Institution Information (For application by companies/institution as associate member)

Name of Company/
Institution: _____
Business Address: _____

Business Registration No: _____

Contact Person: _____ Tel No: _____ e-mail: _____

Academic and Professional Qualifications

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

Current Practice Setting - Please check where appropriate:

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



香港藥劑專科深造學院

The College of Pharmacy Practice

13/F., Kingsfield Centre, 18 Shell Street,

North Point, Hong Kong

E-mail: admin@cpp.org.hk

Websites: <http://www.cpp.org.hk>

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)

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
 Proof of registration as a pharmacist: (copy of Certificate of Registration with the Pharmacy and Poisons Board of Hong Kong or registration certificate in other countries)
 Crossed cheque made payable to "The College of Pharmacy Practice Limited"

Signature of Applicant: _____ **Date:** _____

Cheque enclosed (No): _____ **Bank:** _____

Fees:

1. Ordinary member entrance fee: HKD500.00 **Plus** Membership Fees (See below):
Associate member entrance fee: HKD500.00 **Plus** Membership Fees (See below):

	<u>1 Year Membership Fees</u> <u>Plus Entrance Fee</u>	<u>3 Years Membership Fees</u> <u>Plus Entrance Fee</u>
Ordinary members	\$500 + \$500 = \$1000	\$1200 + \$500 = \$1700
Associate Members	\$400 + \$500 = \$900	Not Applicable

- The Entrance Fee applies to new members upon their application only.

2. Processing Time:

New Membership Application	6 to 8 weeks
Membership Renewal	4 to 6 weeks
Change of membership detail	3 to 4 weeks

3. Membership detail synchronizes with PCCC membership database regularly.
Please note that only processed membership detail will be sent to PCCC.

Personal Data (Privacy) Ordinance Notification

- (a) The personal data provided by means of this form will be used for the purposes of the use within The College of Pharmacy Practice Limited for purposes of membership / fellowship application. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
(b) You have the right to request access to and the correction of the personal data in accordance to the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.
(c) Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to the College of Pharmacy Practice

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) _____

Membership Membership No: _____

coordinator: