



Hong Kong Institution of Physicists in Medicine

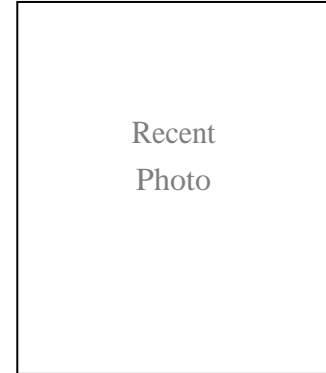
Membership Application Form

SECTION A Membership Applied For (Please '✓' as appropriate)

- Member Associate Member
 Corresponding Member Student Member

(Please write clearly, using black ink and capital letters)

SECTION B Personal and Contact Details



Title

Surname Given Name

Home Address

Email Address

Contact Phone Number

SECTION C Present Employment Details

Job Title

Hospital or Company Name

Department

Employment Address

Employment Date

Please '✓' which address should be used for correspondence:

- Home Address Present Employment Address

SECTION D Present Study Course (For student membership ONLY)

Name of University or College.....

Department.....

Course Title.....

Date Started.....

Expected Completion Date.....

SECTION E Academic & Professional Qualifications (Please use separate sheet if necessary)

Institution

Qualification

Date of Award

(1).....

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(2).....

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(3).....

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(4).....

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(5).....

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(6).....

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SECTION F Proposers (The proposer must be Fellow or Member of HKIPM ONLY)

Proposer 1

Surname Given Name

Membership Number

Email Address

Date Signature

Proposer 2

Surname Given Name

Membership Number

Email Address

Date Signature

SECTION G Declaration

I declare that all the information given by me in this application and in the attached supplementary documentations are true and correct to the best of my knowledge. I am willing to abide by the Articles of the Association of Hong Kong Institution of Physicists in Medicine.

Date Signature

SECTION H Official Use ONLY (Please '✓' as appropriate)

Application Received Date

Certified Academic Certificate Received Yes No

Certified Appointment Document Received Yes No

Application Fee Received Yes No

Annual Membership Fee Received Yes No

Application Status Approved Declined

Remarks

Issued Membership Number:

Application Guidelines

1. Membership Requirements
 - **Member** membership is open to those who hold a postgraduate university degree in physical or engineering sciences or an equivalent qualification as approved by the Council and who are working as a physicist in medicine in hospitals, universities, medical research institutes or similar establishment as recognized by the Council.
 - **Associate** membership is open to interested persons who are ineligible for Member membership.
 - **Corresponding** membership is open to medical physicists not working in Hong Kong who is interested to be associated with the Hong Kong Institution of Physicists in Medicine.
 - **Student** membership is open to any undergraduate or postgraduate students interested in medical physics.
2. Each application shall be circulated to all Members for review and comment, and the comment, if any, shall be referred to the Membership Committee for consideration.
3. The Membership Committee shall have absolute power and discretion in deciding upon any application for admission to membership and its decision shall be final, and it shall not be bound to give any reason for its decision.
4. The proposers must be a Fellow and/or Member of the Hong Kong Institution of Physicists in Medicine.
5. Application and Annual Membership Fees
 - Application Fee for Member, Associate Member and Corresponding Member: HKD 300
 - Application Fee for Student Member: HKD 150
 - Annual Membership Fee for Member: HKD 200
 - Annual Membership Fee for Associate Member: HKD 200
 - Annual Membership Fee for Corresponding Member: HKD 200
 - Annual Membership Fee for Student Member: HKD 100
6. The annual membership fee covers a period of one calendar year from 1st of January to 31st of December.
7. The application and annual membership fees are non-refundable when the application is successful. Should the application be unsuccessful, the paid amount will be refunded to the applicant.
8. Cheques should be made payable to 'HONG KONG INSTITUTION OF PHYSICISTS IN MEDICINE' and crossed. They shall not be made payable to any individual. Cash should not be sent by post.
9. Documents to be submitted with the application (where applicable)
 - Completed Membership Application Form
 - Documentary proof of present employment, e.g. self certified letter of appointment as physicist in medicine (For application for the category of Member ONLY)
 - Certified true copy of the postgraduate degree certificates (For application for the category of Member ONLY)
 - A cheque with the correct amount for payment of application and annual membership fees
10. The application should be submitted to:
Dr. Kimi YANG
c/o Medical Physics Department,
3/F, 3 Tung Wong Road, A Kung Ngam,
Shau Kei Wan, Hong Kong.
11. For enquiries, please contact the Secretary of HKIPM, Dr. Kimi YANG, at 'secretary@hkipm.org'.