



HONG KONG COLLEGE OF EMERGENCY MEDICINE

Membership Update Form

(For Fellows & Ordinary Members only)

*Title: #Prof. / Dr / Mr / Mrs / Miss / Ms

* Full Name in English (Surname first): _____

(As appeared on your HK ID Card or Traveling Document)

*中文姓名: _____

* Membership Type : # Fellow / Ordinary Member / Retired Fellow / Overseas Fellow

Nationality: _____

Nature of Practice : # Public / Private Practice / Retired

*Current Positions: _____ #Fulltime / Part-time: _____ hours per week

*Current Employer: _____ *Current Hospital: _____

Home Phone: _____ Work phone: _____

Mobile Phone: _____ Pager: _____

Fax number: _____

*Preferred address for Correspondence : #Home / Work

* Home Address: _____

* Work Address: _____

* Preferred Email Address (1): _____

Other Email Address (2) _____

Are you based overseas? #Yes / No

Would you like to be considered an Overseas Fellow? #Yes / No

Do you wish to receive the hard copies of HKJEM? #Yes (HKJEM will be posted to your preferred correspondence address)/ No

If you are a trainee or fellow in other Colleges of HKAM, please indicate below:

College: _____ #Trainee / Fellow since (date): _____

College: _____ #Trainee / Fellow since (date): _____

Any other relevant information which may contribute our College?

Other EM relevant qualifications:

e.g. Trainers for ACLS, PALS, ALSO, ATLS etc

Other tertiary qualifications / degrees with the names of institutions and dates of conferment:

e.g. LLB / LLM / MSc / MD/ Master of Surgery/ MBA / MHA etc.

Other EM relevant voluntary works or community services:

e.g. Your position in St. John Ambulance Association / Brigade, GFS, Red Cross or AMS etc.

Are you interested to be a committee member of the following chapters of HKCEM?

(Please tick the relevant box(es) if yes)

- Young Fellows Chapter
- Women Fellows Chapter
- Private Fellows Chapter

DECLARATION

The information on this form is true to the best of my knowledge.

I do not wish to receive any promotional and direct marketing materials from the College.

*Date: _____ *Signature: _____

Delete if not appropriate.

* Mandatory items to be filled on submission of this form.

Please FAX this completed form to the Executive Secretary at (852) 2554 2913.

For inquiries, please call (852) 2552 1667 for assistance