



## MEMBERSHIP APPLICATION FORM 會員申請表

This paper form is provided to those who are not able to do the online registration at <https://fphc.hk/register/>. The applicant is required to sign the completed form and send it to our office together with the payment and the copy of the Clinic's business registration and the applicant's MCHK. 此會員申請表只限於未能使用網上登記平台的人士填寫，請把申請表連同診所商業登記及申請人的香港醫務委員會註冊之副本，以及會員費一併寄送至本聯會地址以便跟進申請事宜。

Name of clinic 診所名稱 \* Required 須填寫

Clinic Phone 診所電話 \* Required 須填寫

Clinic email address 診所電子郵件 \* Required 須填寫

Business registration number 商業登記號碼

Scanned copy of business registration (click to upload) 商業登記之掃描副本 (點擊以上載)

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Clinic address 診所地址

Street address

\*District

\*HK / KLN / NT

Clinic Fax 診所傳真

Clinic Website 診所網站

Number of full-time doctors 診所內全職提供服務醫生人數

Service(s) at clinic 診所提供之服務

- General Surgery 外科
- Obstetrics and Gynaecology 婦產科
- Dermatology 皮膚科
- ENT 耳鼻喉科
- Orthopaedics and Traumatology 骨科
- Neurosurgery 腦科
- Cardiology 心臟科
- Plastic Surgery 整形外科
- Paediatrics 小兒科
- Paediatric Surgery 小兒外科
- Ophthalmology 眼科
- Chemotherapy 化療
- Endoscopy Center 內視鏡中心
- Day Procedure Center 日間診療室
- Medical Imaging & Diagnostic Center 醫學掃描診斷中心
- Others (please specify) 其他，請註明

Holding company 控(持)股公司

Applicant's title 申請人稱謂

Applicant's surname 申請人姓氏

Applicant's given name(s) 申請人名字

Medical Council of Hong Kong registration number 申請人之香港醫務委員會註冊號碼

Correspondence address 申請人聯絡地址

Street address \*

District

\*HK / KLN / NT

Email 申請人電郵地址

Office phone 申請人辦公室電話

Mobile 申請人聯絡電話

Degree / Qualification 申請人學位/資格 #1

Degree / Qualification 申請人學位/資格 #2

Degree / Qualification 申請人學位/資格 #3

Is the applicant in Part 2 the official representative of your Clinic in the Federation if your membership is approved? 假若您們機構被確認為香港私營醫療機構聯會會員，第二部的申請人是否你們機構的代表？

- Yes 是  
 No 不是

I declare that, the above information provided on this form in support of my application is accurate and complete. 現聲明此表格內本人所填寫的資料均屬準確及詳盡。

- Yes 是

Applicant's signature

申請人簽署

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## SUPPORTING DOCUMENTS REQUIRED 所需文件

The applicant is required to provide the copy of (1) the Clinic's business registration and (2) the applicant's MCHK registration when submitting the application. 申請人必需同時提供 (1) 診所商業登記及 (2) 申請人的香港醫務委員會註冊之副本，以便跟進申請事宜。

## PAYMENT 費用

Please make an ATM transfer or write out a cheque with the following information. 請進行自動櫃員機轉帳或郵寄支票，銀行戶口資料如下：

- Account holder / Cheque Payable 帳戶持有人 / 支票抬頭: The Federation of Private Healthcare Centres of Hong Kong Ltd
- Bank name 銀行名稱: Bank of Communications
- Bank account number 銀行帳號: 382537102354702
- Mailing address for cheque /ATM transfer receipt, together with completed application form, supporting documents. 支票郵寄/自動櫃員機轉帳收據地址 ( ) : The Federation of Private Healthcare Centres of Hong Kong, 6/F, Virtus Medical Tower, 122 Queen's Road Central, Hong Kong

\*The name of your clinic should be marked at the back of your cheque / ATM transfer receipt and sent to our Office, together with your application form and supporting document 請在支票/自動櫃員機轉帳收據背面註明您診所的名稱，並連同填妥的申請表及所需文件副本寄回本會。

## OUR OFFICE 本會地址

The Federation of Private Healthcare Centres of Hong Kong  
6/F, Virtus Medical Tower, 122 Queen's Road Central, Hong Kong

### Notes 注意事項:

Applicants may be asked to provide further information/details for the consideration of the Federation Council. 申請人有可能會被要求提供更多資料以供本會之委員會作審批用途。

### Membership fees: 會員費包括:

- one-time registration fee of HK\$3000 per member (incl. a non-refundable application processing fee of HK\$500) 一次性註冊費港幣三千元正 (已包含不可退回之報名手續費港幣五百元正) ；
- annual dues, first year, HK\$2000 及每年會費港幣二千元正。

Applicants shall pay both sums by credit card during the online application process. 申請人必須於網上註冊時以信用卡同時繳交註冊費及首年會費。

Secretariat will notify shortlisted applicants individually by email after the approval of the Federation Council. 秘書處將會與成功通過本會之委員會審批的申請人作個別聯絡。

For further inquiries, please contact the Secretariat at info@fphc.hk or +852 3893 9371. 如有查詢，請聯絡秘書處：電郵：info@fphc.hk；電話：+852 3893 9371