



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GST REGISTRATION NO. M90367025C

APPLICATION FOR ASSOCIATE / ORDINARY / STUDENT MEMBERSHIP

Recent Passport-sized Photo
x 1

(Please Print or Type)

Please ✓ the appropriate boxes accordingly. * Delete where applicable.

(A) PERSONAL PARTICULARS

Family Name : _____
Given Name : _____
Nationality : Singaporean / Others*, please specify : _____
Sex : Male / Female * **Passport/NRIC No** : _____
Date of Birth : _____ (DD/MM/YYYY)
Race : Chinese/ Malay/ Indian/ Others* please specify : _____
Residential Address : _____

Postal code : Singapore _____
Telephone (Home) : _____ **Mobile phone** : _____
Email Address : _____

(B) PRACTICE INFORMATION

MCR No: _____ **Please specify practising certificate type:** Full / Conditional
Type of Practice : Government NHG SingHealth Private - Group Private – Solo Locum
Practice Address : _____

Postal code : Singapore _____
Telephone (Office) : _____ **Fax (Office)** : _____
 Please indicate your preferred mailing address with a tick ✓ : Residential Practice Address

(C) MEDICAL EDUCATION

Medical School : _____
Degree : _____ **Year of Graduation** : _____
Other Qualifications and Diplomas: (1) _____
 (2) _____

Postgraduate Experience & Training:

Position Held	Hospital/Institution	Country/City	From (Month/Year)	To (Month/Year)
Housemanship				
Medical Officer				
Other Appointments				

Are you now engaged in active family practice? Please tick Yes No

Family Practice:

Position Held	Organisation	From (Month/Year)	To (Month/Year)
Assistant			
Partner			
Principal			
Trainee			
Registrar			
Associate Consultant			
Consultant / Senior Consultant			

DECLARATION

I hereby make an application for membership in the College of Family Physicians Singapore and declare that the information stated in this application are true and correct and I have not withheld/distort any facts.

I enclose the cheque numbered _____ for the amount S\$_____

I understand that the money will be refunded if my application is not approved.

In submitting this application, I hereby agree to abide by the regulations of the College of Family Physicians Singapore.

I confirm and consent to College of Family Physicians Singapore collecting, using and/or disclosing my personal data which I have provided, including the NRIC number.

Signature of Applicant : _____ Date : _____

Notes

Admission to Associate or Ordinary membership category is based on recommendation made by the Board of Censors; subject to the approval of the College's Council at the monthly Council Meeting.

Fees (Inclusive of 7% GST)

Entrance fee : S\$ 53.50 one-time payment
Associate / Ordinary membership fees : S\$192.60 per financial year (1st Apr -31st Mar)
S\$ 96.30 per half financial year (for new members joining during 2nd half of financial year, 1st Oct -31st Mar)
Student membership fees : NIL

Please send the completed application form (with photograph attached) together with a cheque payment, made payable to 'College of Family Physicians Singapore' to:

The Honorary Secretary
College of Family Physicians Singapore
College of Medicine Building, 16 College Road #01-02 Singapore 169854

FOR OFFICAL USE

Recommended for Associate / Ordinary / Student Membership

Date

Censor-in-Chief