

COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GST REGISTRATION NO. M90367025C APPLICATION FOR

ASSOCIATE / ORDINARY / STUDENT MEMBERSHIP

Recent Passportsized Photo x 1

(Please Print or Type)

Please ✓ the appropriate	e box	es accordingly. * [Delete where applicable					
(A) PERSONAL PARTIC	ULAR	S						
Full Name (as per NRIC)	:							
Family Name/Surname	:							
Nationality	:	Singaporean / Others*, please specify :						
Sex	:	Male / Female *	Passport/NRIC	:				
Date of Birth	:		(DD/M	/IM/YYYY)				
Race	:	Chinese/ Malay/ Indian/ Others* please specify :						
Residential Address	:							
Postal code	:	Singapore						
Telephone (Home)	:		Mobile phone	:	· · · · · · · · · · · · · · · · · · ·			
Email Address	:							
(B) PRACTICE INFORMA	AOITA							
MCR No:		Please specify p	ractising certificate type	Full / Conditi	onal			
Type of Practice	:	☐ Government	□ NHG □ SingHealth	☐ Private - Group ☐ F	Private – Solo □ Locum			
Practice Address	:							
					· · · · · · · · · · · · · · · · · · ·			
Postal code	:	Singapore						
Telephone (Office)	:			· · · · · · · · · · · · · · · · · · ·				
Please indicate your pre		<u>d</u> mailing address	with a tick ✓ : ☐ F	Residential Practice	e Address			
(C) MEDICAL EDUCATION	N							
Medical School :								
Degree :			Year of Gradu	ation :				
Other Qualifications and	Dipl	omas:	(1)					
			(2)					
Postgraduate Experience & Training:								
Position Held	Hos	spital/Institution	Country/City	From (Month/Year)	To (Month/Year)			
Housemanship								
Medical Officer								
Other Appointments								

Family Practice:									
Position Held	Organ	isation	From (Month/Year)	To (Month/Year)					
Assistant			(,	(,					
Partner									
Principal									
Trainee									
Registrar									
Associate Consultant									
Consultant / Senior Consultant									
DECLARATION									
	DEGLA	HATION							
I hereby make an application for information stated in this applica				declare that the					
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 data which I have provided, inclu		ngapore collecting, using	and/or disclosino	g my personal					
Signature of Applic									
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 pay	yment						
Associate / Ordinary membership	ofees:	S\$192.60 per financial year (1 st Apr -31 st Mar) S\$ 96.30 per half financial year (for new members joining during 2 nd half of financial year, 1 st Oct -31 st Mar)							
		joining during 2 half	of financial year, 1	Oct -31 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 / Ore	dinary / Student Members	hip							
Date			ensor-in-Chief						

No

Yes

Are you now engaged in active family practice? Please tick $\sqrt{}$