



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

TERMINATION OF MEMBERSHIP

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

(A) PERSONAL PARTICULARS

Family Name : _____ Mobile : _____
Given Name : _____ MCR No. : _____
Email : _____
Membership Category : Fellow Collegiate Ordinary Associate Student

(B) REASONS FOR TERMINATION

Reasons for Termination : Retired
: Overseas
: No longer in Family Medicine Practice
: Joining another professional body
: Joined to get a discount for one of the CFPS courses which is now over
: Did not want to pay outstanding membership fee
: Membership did not meet my expectations (Please Specify) : _____

: Other reasons (Please Specify) : _____

I understand that the College will cancel any College Diploma (MCFPS &/ or FCFPS) awarded at any time to a Collegiate Member or a Fellow who ceases to be a member of the College and by a notice in writing which requires the return of any cancelled College Diploma.

In the event that I would like to rejoin the College, I must pay any fees in arrears owed to the College in addition to the prevailing membership fees.

I, _____ hereby confirm that I have acknowledged the two statements above and would like to terminate my membership with the College of Family Physicians Singapore.

Signature of Applicant : _____ Date : _____