

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