



# COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GST REGISTRATION NO. M90367025C

## APPLICATION FOR ASSOCIATE/ ORDINARY / OVERSEAS MEMBERSHIP

(Please Print or Type)

Recent Passport-sized Photo  
x 1

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.

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 (1 <sup>st</sup> Apr -31 <sup>st</sup> Mar) S\$ 96.30 per half financial year (for new members joining during 2 <sup>nd</sup> half of financial year, 1 <sup>st</sup> Oct -31 <sup>st</sup> Mar)
Overseas membership fees	:	S\$ 192.60 per financial year (1 <sup>st</sup> Apr -31 <sup>st</sup> Mar)

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 OFFICIAL USE

Recommended for Associate / Ordinary / Overseas Membership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Censor-in-Chief