

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\$_____ (inclusive of the one-time entrance fee payment of S\$50.00).

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 ordinary or associate membership category is based on recommendation made by the Board of Censors; subject to the approval of the College's Council.

Fees

Entrance fee : S\$ 50.00 one-time payment
Associate / Ordinary membership subscription fees : S\$180.00 per financial year (1st Apr -31st Mar)
S\$ 90.00 per half financial year (for new members joining during 2nd half of financial year, 1st Oct -31st Mar)
Overseas membership subscription fees : S\$ 180.00 per financial year (1st Apr -31st 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 OFFICAL USE

Recommended for Associate / Ordinary / Overseas Membership

Date

Censor-in-Chief