



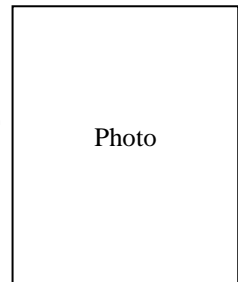
**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
MEMBERSHIP IN GENERAL DENTISTRY
APPLICATION FORM**

Name: _____
(in English, Block letters) (in Chinese, if applicable)

HKID/Passport No.*: _____ (*delete as appropriate)

DCHK No: _____

Sex: _____ Date of Birth: _____



Practice Address: _____

Correspondence Address: _____

Contact Phone No.: _____ Fax No.: _____

E-mail Address: _____

Discipline: _____ General Dentistry

Current Practice: (Please tick)

- Private Government Service
 University Others (please specify)

Registrable Qualifications

QUALIFICATION	INSTITUTION	DATE OF AWARD
Basic		
Post-graduate Qualification(s)		

I would like to apply as a Member in General Dentistry (MGD) of the College of Dental Surgeons of Hong Kong and hereby verify, to best of my knowledge, the above information is accurate.

Date: _____ Signature: _____

Proposed by: _____
(Name) (Signature)

Seconded by: _____
(Name) (Signature)

§ Notes:

- (i) Membership holder shall have no voting right and are not eligible to hold office at the Council, but may serve on Committee or Subcommittee of the College.
- (ii) Applicant must be proposed and seconded by two Fellows of the College.