

MALTA COLLEGE OF FAMILY DOCTORS

127, Professional Centre,
Sliema Road, Gzira GZR 1633, Malta
Email: mcfid.malta@gmail.com
Website: <http://www.mcfid.org.mt>

Application form for Full Membership (MMCFD) or Associate Membership

(This information will be treated as Strictly Confidential)

Surname: _____ Name: _____

Postal address: _____

_____ Post code: _____

E-mail address: _____ Date of Birth: _____

Malta I.D. Number: _____ Medical Council Reg. No: _____

Telephone Number: _____ Mobile: _____

Date of Qualification: _____ Date of Registration: _____

Decorations, Degrees and Diplomas: _____

Circle (a), (b) or (c) below as applicable:

(a) I would like to become an Associate member of the MCFD.

(b) I am currently an associate member of the MCFD, and my College number is: _____

(c) I am not a member of the MCFD, but I hereby apply to become a Full Member of the MCFD.

Do you practice Family Medicine for more than 50% of your time? Yes / No

How long have you been in Family Practice? _____

Type of Practice (Delete as applicable):

Exclusively Private Practice/Exclusively Government Practice/Both Private & Govt.

Signature: _____ Date: _____

Data protection: I hereby give the Malta College of Family Doctors consent to process, use and store the data provided, subject to the regulations of the Data Protection Act (Chapter 40 of the Laws of Malta) for the following purposes(circle as relevant):

- | | |
|---|----------------|
| -maintaining and updating the database of College members. | Agree/Disagree |
| - communication from the college regarding events organized or approved by the college. | Agree/Disagree |
| - mailing of information relevant to College matters. | Agree/Disagree |
| - forwarding contact details, within the discretion of the college, to third parties wishing to send educational or information material relevant to family practice. | Agree/Disagree |

Footnotes

The MMCFD (Full Membership of the Malta College of Family Doctors) is open to Specialists of Family Medicine.

Applicants should send:

- i) one copy of this application form, duly filled in,
- ii) one copy of the letter from the Specialist Accreditation Committee whereby he/she has been informed of acceptance to the register of Specialists in Family Medicine and
- iii) the relevant membership fee.

The **annual** subscription rates for membership are as follows:

- Member : Initial fee of €232 on application for membership . Subsequently €116 ; a discounted rate of €100 applies if paid by standing order (information required to apply by standing order can be obtained from the College website).
- Associate members: €87
- Members above the age of 80 yrs, who have paid their subscription fees on a consecutive basis for the previous five years, shall pay 50 percent of the full subscription fee (i.e € 58).

Membership form, relevant documents and payment are to be sent to the Secretary, Malta College of Family Doctors, 127, Professional Centre, Sliema Rd., Gzira GZR 1633.

This Section is for College Use ONLY.

Accepted / Rejected

Registration Number: _____ Date of Acceptance: _____
