



## MEMBERSHIP APPLICATION



Kindly fill in the following information which will be treated as strictly confidential. You can opt to fill and pay membership through our website ([mcfcd.org.mt](http://mcfcd.org.mt)) instead of sending this by post.

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Date of birth (DD/MM/YYYY) \_\_\_\_\_ Email Address \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Malta Medical Council Number \_\_\_\_\_  
Year of Medical (MD) Qualification \_\_\_\_\_  
Year of specialisation – MMCFD (if applicable) \_\_\_\_\_  
Other qualifications \_\_\_\_\_

**Type** (circle as applicable) RENEWAL FIRST APPLICATION MEMBERSHIP CATEGORY CHANGE

**Category** (circle as applicable)

- a) Foundation Doctor to apply for / renew associate membership
- b) GP trainee to apply for / renew associate membership
- c) Associate membership (non-GP trainee/Foundation doctor) to apply for /renew membership
- d) Full membership – first application
- e) Full membership - renewal

Type of Practice (circle as applicable) PRIVATE PUBLIC BOTH

Have you completed specialist training in Family Medicine (STPFM)? YES NO

**Method of Payment** **Date of Transaction** \_\_\_\_\_  
a) Website ([mcfcd.org.mt](http://mcfcd.org.mt)) card payment   
b) Standing order   
c) Cheque   
d) E-banking

### 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) to maintain and update a members database through which I will be informed on events organized or approved by the College and on matters relevant to the College and its members.

AGREE / DISAGREE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A: 127, The Professional Centre, Triq tas-Sliema, il-Gżira, GŻR 1633, Malta**  
**E: [secretary@mcfcd.org.mt](mailto:secretary@mcfcd.org.mt)**  
**W: [mcfcd.org.mt](http://mcfcd.org.mt)**



## MEMBERSHIP APPLICATION



### Membership Fee

- i) **Associate Member (GP Trainee/Foundation Trainee)** - € 50 annually by website card payment ([mcfcd.org.mt](http://mcfcd.org.mt)), or else, see instructions below for bank standing order or ebanking\*
- ii) **Associate Member (other)** - € 89 annually by website card payment ([mcfcd.org.mt](http://mcfcd.org.mt)), or else, see instructions below for bank standing order or ebanking\*
- iii) **Full Member (MMCFD)** – open to Specialists in Family Medicine
  - a) initial fee of € 232 on application for membership through website card payment ([mcfcd.org.mt](http://mcfcd.org.mt)) and send copy of the Specialist Accreditation Committee acceptance in the Specialists in Family Medicine register to [office@mcfcd.org.mt](mailto:office@mcfcd.org.mt), cc: [registrar@mcfcd.org.mt](mailto:registrar@mcfcd.org.mt), cc: [treasurer@mcfcd.org.mt](mailto:treasurer@mcfcd.org.mt)
  - b) subsequently € 100 yearly for renewal through website card payment ([mcfcd.org.mt](http://mcfcd.org.mt)), bank standing order or ebanking\* OR € 116 yearly if payment is done by cash or cheque
- iv) **Veteran Member** – member above 80 years of age who have paid their subscription fees on a consecutive basis for the previous five years, shall pay 50% of the fee, that is € 50 annually through website card payment ([mcfcd.org.mt](http://mcfcd.org.mt)), bank standing order or ebanking\*, or € 58 by cheque or cash

**All payments should be settled by end of March of each year**

\* Standing order (through internet banking or in person at your bank) details:

**Beneficiary Bank Name:** Bank of Valletta plc

**Beneficiary Bank Branch:** 63, Sanctuary Street, Żabbar ŻBR 1010

**Beneficiary Name:** Malta College of Family Doctors

**Beneficiary Address:** 127, Professional Centre, Triq tas-Sliema, Gżira

**Beneficiary Account:** 400 1288 1989

**IBAN:** MT76VALL 2201 30000000 4001 2881 989

**Bank BIC/SWIFT:** VALLMTMT

**Details of Payment:** Your name, surname, and ID number

**Regular Amount:** €100

**Payment Interval:** Yearly

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**This Section is for the College Use ONLY**

Accepted / Rejected

Registration Number: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

**A: 127, The Professional Centre, Triq tas-Sliema, il-Gżira, GŻR 1633, Malta**

**E: [secretary@mcfcd.org.mt](mailto:secretary@mcfcd.org.mt)**

**W: [mcfcd.org.mt](http://mcfcd.org.mt)**