



Malta College of Family Doctors  
127, Professional Centre,  
Sliema Road, Gzira GZR 1633  
Email: [contact@mcfcd.org.mt](mailto:contact@mcfcd.org.mt)  
Website: <http://www.mcfcd.org.mt>

**APPLICATION FOR FULL MEMBERSHIP OR ASSOCIATE MEMBERSHIP**

THIS INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

POSTAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

MALTA ID NUMBER: \_\_\_\_\_

MALTA MEDICAL COUNCIL REGISTRATION NUMBER: \_\_\_\_\_

DATE OF QUALIFICATION: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

DECORATIONS, DEGREES AND DIPLOMAS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CIRCLE AS APPLICABLE:**

- a) I AM A GP TRAINEE AND WOULD LIKE TO APPLY FOR/RENEW MY ASSOCIATE MEMBERSHIP
- b) I AM A FOUNDATION DOCTOR AND WOULD LIKE TO APPLY FOR/RENEW MY ASSOCIATE MEMBERSHIP
- c) I WOULD LIKE TO APPLY FOR/RENEW MY ASSOCIATE MEMBERSHIP (NON-GP TRAINEES/NONFOUNDATION TRAINEES)
- d) I AM NOT A MEMBER OF THE MALTA COLLEGE OF FAMILY DOCTORS AND WOULD LIKE TO APPLY FOR FULL MEMBERSHIP
- e) I AM A FULL MEMBER OF THE MALTA COLLEGE OF FAMILY DOCTORS AND WOULD LIKE TO RENEW MY MEMBERSHIP

**Practice details:**

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

How long have you been in Family Practice? \_\_\_\_\_

What type of Practice? (Circle as applicable):

Private Practice only / Government Practice only / Both Private and Government Practice.

**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

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

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

**Membership Fee:**

Associate Member (GP Trainee or Foundation Trainee): 50 Euro (standing order/online bank transfer/cash/cheque)

Associate Member (Non-GP Trainee/Non-Foundation Trainee): 89 Euro (standing order/online bank transfer/cash/cheque)

Full-Member: Member of the Malta College of Family Doctors (MMCFD) Initial fee of 232 Euro on application for membership. Subsequently, €100 yearly for renewal of membership if payment is done by standing order/online bank transfer OR €116 yearly if payment is done by cash or cheque.

Members who are pensioners and practice part-time shall pay 75 Eur by standing order/online and 85 Eur if paying by cheque.

Members above the age of 80 years, who have paid their subscription fees on a consecutive basis for the previous five years, shall pay 50% of the full subscription fee (i.e. € 58)

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

**How to set-up the standing order:**

In order to do the standing order with your bank (through internet banking or otherwise) you will need the following details: Beneficiary Bank Name: Bank of Valletta plc; Beneficiary Bank Branch: 63, Sanctuary Street, Zabbar ZBR 1010; Beneficiary Name: Malta College of Family Doctors; Beneficiary Address: 127, Professional Centre, Sliema Road, Gzira; Beneficiary Account: 400 1288 1989; IBAN: (for those not using HSBC or BOV): MT76VALL 2201 30000000 4001 2881 989; Bank BIC/SWIFT: (for those not using HSBC or BOV): VALLMTMT; Details of Payment: Your name, surname, and ID number; Regular Amount: €100; Payment Interval: Yearly

**Footnotes:**

Full Membership of the Malta College of Family Doctors is open to Specialists of Family Medicine.

New 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.

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

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This Section is for College Use ONLY.

Accepted / Rejected

Registration Number: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_

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