



## MALTA COLLEGE OF FAMILY DOCTORS

C/o "Josephine", St. Catherine Street, Attard BZN13

### Application form for Full Membership (MMCFD)

*(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: \_\_\_\_\_

***(Cross out where inapplicable)***

I am currently an ordinary/associate member of the MCFD, and my number is: \_\_\_\_\_

I attach copy of my MCFD CME accreditation certificate/s for \_\_\_\_\_ years

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 (Tick as applicable):***

- Exclusively Private Practice
- Exclusively Government Practice
- Both Private and Government Practice

***Data protection:*** I hereby give the Malta College of Family Doctors permission to keep my data on file, and to send me regular mailings relative to College matters.

***Please tick here if you do not want the College to send you mail shots from third parties*** \_\_\_

I hereby apply for Full Membership to the Malta College of Family Doctors (MMCFD).

I undertake to follow the aims of the College to the best of my ability, and to participate in regular postgraduate study while in active family practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Vide footnotes overleaf)

**Footnotes**

This application form is for the MMCDFD (Full Membership of the Malta College of Family Doctors) open to Specialists of Family Medicine, and it should be posted to the Membership Board Secretary **by the 21<sup>st</sup> July 2006**. Late applications will be considered, but may not be eligible to attend the first award ceremony on the 28<sup>th</sup> July, 2006.

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 and relevant accreditation certificates if applying for a discount.

The one-time MMCDFD entry fee is LM 100. Subsequently an annual fee of LM 50 will be levied.

MCFD members who have been previously accredited for a number of years of CME are given a discount on the entry fee, **once only**.

- i) Applicants with at least 15 years of MCFD-accredited CME pay LM 25 only
- ii) Applicants with at least 5 years of MCFD-accredited CME pay LM 50 only
- iii) Applicants who are current MCFD members accredited at least to the end of 2005 pay LM 75 only
- iv) New applicants or MCFD members without accreditation certificates pay LM 100.

If the applicant has already paid his/her membership fee for 2006 (*attach receipt*), please deduct this amount (LM 15) from the MMCDFD entry fee.

Applicants must therefore send a copy of their College CME accreditation certificates covering the relevant period **only** in the case that they claim a discount.

This form and the relevant remittance (*by cheque in the name of the Malta College of Family Doctors*) should be forwarded to the Membership Board Secretary (Dr Jean K Soler) at the above address **by the 21<sup>st</sup> July (latest)**.

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*Applicants for any type of membership are required to submit a short Curriculum Vita with the application. Applicants for Full Membership should attach proof of registration as a Specialist in Family Medicine in Malta. The relevant Membership fee should be paid by cheque payable to the Malta College of Family Doctors. Membership discounts (where applicable) will be allowed only with supporting documentary evidence (i.e. MCFD accreditation certificates for Full Membership entry fee discounts).*

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

Accepted / Rejected

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

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

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