



香港基督徒醫生及牙醫團契

**Christian Medical and Dental Fellowship of Hong Kong**

c/o FES, 11/F Cheung Lee Commercial Building,

No. 137-143 Cheung Sha Wan road, Kowloon

Tel: 2369 8511 Fax: 2367 4694 Mobile: 6701 3555

Website : <http://www.cmdf.org.hk>

**MEMBERSHIP APPLICATION FORM 11.2019-10.2024**

Membership No. \_\_\_\_\_ ( assigned by CMDF )

I wish to apply for regular / affiliated\* membership of the Christian Medical and Dental Fellowship of Hong Kong. I have read, agreed and signed the Statement of Faith and the Objectives of CMDF as listed overleaf. The followings are my personal particulars: ( I understand and agree that the CMDF may use the information provided by myself for the purpose of communication and fellowship among members. )

Name: (BLOCK LETTER)

\_\_\_\_\_ English \_\_\_\_\_ Chinese \_\_\_\_\_ Sex (Male /Female)

Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

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I am now working in Private Practice / the Public Sector\* \_\_\_\_\_  
(Please state the hospital name as working in public sector).

\*Position: \_\_\_\_\_  
(Doctor / Dentist / HK registered Chinese Medicine Practitioner / Medical / Dental / Chinese Medicine Student)

My specialty is \_\_\_\_\_ (Doctor / Dentist / Chinese Medicine Practitioner)

\*Name of University: \_\_\_\_\_ (HKU/CU/Others-Pls state the name)

Year of Graduation in University: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

I enclose a cheque / cash\* of HK\$ \_\_\_\_\_ as a donation to CMDF ministry.  
( Cheque payable to “The Christian Medical and Dental Fellowship of Hong Kong” )  
All donation to CMDF can be deducted from taxation.

Membership Fee: Regular and or Affiliated Members are required to pay a quinquennial subscription fee, the amount of which shall be fixed by the members at the Annual General Meeting from time to time. The subscription may be reduced in proportion for membership period of less than 5 years.

\* Delete where inappropriate

(P.T.O.)



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## **MEMBERSHIP APPLICATION FORM 11.2019-10.2024**

### **Statement of Faith**

The Doctrinal Basis of the Fellowship shall be:

1. The unity of the Father, Son and Holy Spirit in the Godhead.
2. The sovereignty of God in creation, revelation, redemption and final judgment.
3. The divine inspiration and entire trustworthiness of Holy Scripture, as originally give, and its supreme authority in all matters of faith and conduct.
4. The universal sinfulness and guilt of all men since the Fall, rendering them subject to God's wrath and condemnation.
5. Redemption from the guilt, penalty, dominion and pollution of sin, solely through the sacrificial death (as our Representative and Substitute) of the Lord Jesus Christ, the Incarnate Son of God.
6. The bodily resurrection of the Lord Jesus Christ from the dead and His ascension to the right hand of God the Father.
7. The presence and power of the Holy Spirit in the work of regeneration.
8. The justification of the sinner by the grace of God through faith alone.
9. The indwelling and work of the Holy Spirit in the Believer.
10. The one Holy Universal Church which is the body of Christ and to which all true believers belong.
11. The expectation of the personal return of the Lord Jesus Christ.

### **Objectives of CMDF**

1. To encourage members towards maturity in Christ by sharing and bearing each other's burden in prayer and fellowship.
2. To establish a Christian view on the dilemmas and problems that arise in the practice of our profession, and to present these views, as a positive Christian witness, to our medical / dental professional colleagues and the public at large.
3. To encourage members to take a definite interest and share in Christian medical mission – both local and overseas.
4. To encourage members to take active parts, in co-operation with nursing and para-medical Christian groups, in patient and colleague evangelism.

**I hereby affirm that I have read the Statement of Faith and the Objectives of CMDF and accept it in full.**

Full Name: \_\_\_\_\_

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

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