Hong Kong Association of Family Medicine And Primary Health Care Nurses Limited

香港家庭醫學及基層健康護士協會有限公司

Website: http://www.hkfmphcn.com/

Membership Application Form 會員申請表格

(All information collected will be treated with strict confidentiality.)

For Official Use Only		
	Membership No:	Membership Fee: HK$ 100
	Receipt No.: Receipt sent on:	Remarks:
	Data base entered on: by:	

*Please complete the form in English (except the Chinese name & Address) and in **BLOCK LETTERS**.*

***Name in English (BLOCK LETTERS)** Surname: Other names:	**Identification Documents** * First 4 digits of HKID /passport no.:
***Name in Chinese: (中文姓名) :**	***Gender:** ❑ Female ❑Male **Title**: ❑ Ms. ❑ Mrs. ❑ Mr. ❑ Dr ❑ Prof
***Correspondence Address (In English):** ***中文地址:**	
Telephone No. Office: / ***Mobile:**	***E-mail: (Please print)**
Occupation /Job Title:	**Place of work:**

Education	Professional Qualification: (e.g. EN, RN, NS)
	Other Academic Qualification: (e.g. BSc, MBA, PhD)
	❑ New Member ❑ Renewal of membership Membership No: _____

Please indicate which of the College committees and/or activities you are interested in contributing as a voluntary member.

❑ Membership & Administration Committee ❑ Education & Professional Development Committee
❑ Executive/secretariat ❑ Conference activities
❑ Others (specify):

I understand and accept that the personal information I have provided to the Hong Kong Association of Family Medicine and Primary Healthcare Nurses Limited will be used for membership approval and activities of the Association.

I declare the information given in this application is, to the best of my knowledge, accurate and complete. I understand that any false or misleading information will lead to disqualification of my application and cancellation of subsequent application in the Association.

Subscriber's signature:	**Date (dd mm yy):**

Please complete and return the application form together with a cross cheque payable to "Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited" to **HKAFMPHCN, Unit B, 13/F., V Heun Building Queen's Road Central, Hong Kong** Enquiry: Ms. CHONG LU at 9709 2418

***Mandatory item need to be entered**