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

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

E-mail Address:

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

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

Name in English (BLOCK LETTERS) Surname: Other names:	**Identification Documents** First 4 digits of HKID / passport no.:
Name in Chinese:	**Gender:** ❑ Female ❑Male **Title**: ❑ Ms. ❑ Mrs. ❑ Mr. ❑ Dr ❑ Prof
Correspondence Address:	

Telephone No. Office: Home:	**Mobile:**	**E-mail:**	**Fax No:**
Occupation /Job Title:		**Place of work:** **Address:**	

Education	Professional Qualification: (e.g. EN, RN, NS)
	Other Academic Qualification: (e.g. BSc, MBA, PhD)
Membership Type	❑ Full members: Any registered nurse/ enrolled nurse who has recognized primary health care training or whose working area involves in any kind of primary health care practice ❑ Associated members: Any registered nurse/ enrolled nurse who is interested in Primary Health Care Nursing ❑ Affiliated members: Any personnel who is interested in primary health care practice

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

❑ Public Affair & membership drive ❑ Education committee ❑ Programme 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):**