

Hong Kong Association of Orthopaedic Nurses Ltd. 香港骨科護士協會有限公司 Membership Application Form

入會/續會申請表格

Notes

- 1. In compliance to the Personal Data Ordinance, the use of your personal particulars will be restricted to the Association only for registration and communication purposes.
- Please mail the completed form and a crossed cheque payable to "Hong Kong Association of Orthopaedic Nurses Limited" to Mr. Stanley WONG, DOM Office (O&T/GYN) 6D, 6/F, HMB, Tseung Kwan O Hospital, No. 2 Po Ning Lane, Hang Hau, Tseung Kwan O. N.T.
- 3. Receipt will be issued to you when the subscription is accepted, processed, and settled.
- 4. Membership card will be issued. Please keep it for your own reference.
- 5. Bi-annual membership starts from 1st January and ends on 31st December of the second year. (For application received during the period from 1st of Nov to 31st of Dec. the membership will start from the date of acceptance and then last for the next 2 years)

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6. Categories of member Category 會員類別	on pare: Qualification 會員資格	Membership Fee 會員費	Please '✓' 請加上'✓'					
Life Member	Any Qualified nurses with Orthopaedic and/or	HK \$ 2,000	□ New					
Full Member	Traumatological (O&T) working experience	HK \$ 300 for 2 Years	□ New / Renew*					
Associate Member	Any other nurses without O&T working experience or any non-nursing healthcare professionals	HK \$ 200 for 2 Years	□ New / Renew*					
Membership No.	音員號碼: (For renewal only	續會適用)						
SUBSCRIBER'S PERSONAL INFORMATION 申請者個人資料								

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Name :									
姓名	名 (Surname 姓) (Other names 名)			(0	(Chinese 中文名)				
HKID No. 香	港身份證號碼:		Sex: [⊐м □ F	Education : *RN/BSN/Master/PhD/Others				
			性別	男 女	教育背景 一				
Organization [设務機構:		Departmen	nt 部門:		_ R	ank 職位:		
Hong Kong Nursing Board *Registered/Enrolled No. : * Service Type : Acute/Rehab/Ambulatory/University/others									
香港護士管理	香港護士管理委員會*註冊/登記號碼								
Corresponding	Address:								
1	通訊地址								
Office : Teleph		Fax		Telephone	e: Home :	Mo	obile Phone		
辦公室電話 _		_ 傳真		電話: 住	宅	_ 手	提電話		
Past Orthopaedic-Related Training 曾接受有關骨科訓練									
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DETAILS OF PAYMENT (BY CHEQUE ONLY) 付款資料(只收支票)									
Name of Bank 銀行: Cheque No. 支票號碼			:	Amount 金額:					
Subscriber's signature :					Date :				
申請者簽署					日期 dd 日/mm 月/ yy 年				
FOR OFFICAL USE ONLY 此欄本會人員填寫									
Membership A	approved : Yes	□ No I	□ Paymen	t for: Ne	w Membership		Receipt sent □		
Membership P	ayment : Yes	□ No I		Rei	new Membership		Date:		