

HONG KONG ASSOCIATION OF CRITICAL CARE NURSES LIMITED

香港危重病學護士協會有限公司

Membership Application Form for membership application and renewal

入會/續會申請表格

Name : 姓名 (Surname 姓氏) (Other names 名)		(Chinese 中文姓名)
HKID Card / Passport No. with the alphabet & first 3 digits (e.g.G203) 香港身份証 / 護照號碼		Sex : <input type="checkbox"/> M 男 性別 <input type="checkbox"/> F 女
Hospital / Organization : 醫院名稱 / 服務機構	Department : 部門	Rank : 職位
Correspondence Address : 通訊地址		
Telephone No. 通訊電話: (Office 辦公室) (Home 住宅) (Mobile / Pager 手提/傳呼)		
Email Address : 電郵	Fax : 傳真號碼	
Please tick the box below to indicate your payment category <input type="checkbox"/> NEW member 請在空格上加上 <input checked="" type="checkbox"/> 號表示所繳交會員年費之類別 <input type="checkbox"/> RENEWAL- membership no. _____		
Category 會員類別:		Annual Subscriptions 會員年費
(1) Life member 永久會員 Registered Nurses in Hong Kong Workplace: *Critical Care Area / Non Critical Care Area. .Ward/ Unit & Hospital _____		<input type="checkbox"/> HK\$1000 One-off Payment
(2) Full member 基本會員 Registered Nurses in Hong Kong Workplace: *Critical Care Ward / Non Critical Care Ward. Ward/ Unit & Hospital _____		<input type="checkbox"/> HK\$100
(3) Associate member 附屬會員 Any persons other than registered nurses in Hong Kong _____		<input type="checkbox"/> HK\$100
如申請(1)會費只需繳付一次,而(2)、(3) 會員須繳交年費,有效期為每年的4月1日至翌年3月底。		
Cash / Bank & Cheque No. 現金 / 銀行及支票號碼 _____		
Please make a crossed cheque payable to "Hong Kong Association of Critical Care Nurses Ltd." 劃線支票抬頭人: 香港危重病學護士協會有限公司)		
Correspondence address : Hong Kong Association of Critical Care Nurses Ltd, Rm 501, 5/F Great Smart Tower, 230, Wanchai Road, Hong Kong.		
寄回: 香港灣仔灣仔道 230 号佳誠商業大廈 5 樓, 501 室, 香港危重病學護士協會有限公司。		
Date : 日期	Signature : 簽名	
For official use only 此欄由本會填寫	Membership Number : _____	
Membership approved : Yes / No	Approved by: _____	
Membership fee paid : Yes / No	Received By: _____	
	Date: _____	

For enquiry, please call : (852)-2861 2972 / Fax:(852)-2861 2784 / Website : www.medicine.org.hk/hkaccn

● Critical Care Area refers to areas that provide critical care such as ICU, CCU, Neuro ICU, Cardiac Center, AED, HDU and Respiratory Ward, etc..

Membership Application Form (Revised - 20100901)