



香港護理學院
College of Nursing, Hong Kong

2018年7月1日起生效
Effective from 1 July 2018

香港灣仔告士打道 223 號海聯大廈十三樓 A 及 C 室
Room A & C, 13/F., Hyde Centre, 223 Gloucester Road, Wanchai, Hong Kong
電話 Tel : (852) 2572 9255 傳真 Fax: (852) 2838 6280
Email: info@cnhk.org.hk Website: www.cnhk.org.hk

申請入會/續會/更改會員資料表格
Membership Application / Renewal / Personal Data Amendment Form (CN45)

請在適當的空格內填上√號: Please put a √ in the box(es) as appropriate:

<input type="checkbox"/> 初次申請 New Application <input type="checkbox"/> 續會 Renewal of membership <input type="checkbox"/> 更改會員資料 Change of personal data for member			
先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms <input type="checkbox"/> 博士 Doctor <input type="checkbox"/> 教授 Professor <input type="checkbox"/>		香港身份證/護照號碼(首 4 位數字) HKID/Passport No. (first 4 digits) ____ _ X X X (X)	
中文姓名 Name in Chinese		英文姓名 Name in English	
性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期: 年 月 日 Date of Birth (DD/MM/YY):	國籍 Nationality	
電話號碼 Telephone No.	住宅 Residence	辦事處 Office	流動電話/傳呼號碼 Mobile/Pager
電郵地址 Email Address (電郵會用作接收會員通訊 Email will be used for future communication)		傳真號碼 Fax No.	
工作機構 Working Organization			
部門 Department		專科 Specialty	級別 Rank
通訊地址 Correspondence Address			
註冊/登記號碼 Registered /Enrolled No.		註冊/登記地點 Place of Registration	註冊/登記日期 Date of Registration

	會員類別 Membership Types	會員費 Membership Fee (HK\$)		
		一年 1 year	三年 3 years	郵費 ² Postage Fee
1	普通會員 Full Member 香港註冊護士 Hong Kong Registered Nurses (RN)	200 <input type="checkbox"/>	550 <input type="checkbox"/>	
2	附屬會員 Associate Member 香港登記護士或認可之外地註冊護士 Hong Kong Enrolled Nurses or Nurses registered outside Hong Kong	150 <input type="checkbox"/>	400 <input type="checkbox"/>	
3	學生會員 Student Member 香港認可護士學校之護士學生 Student/Pupil nurses in Hong Kong	80 <input type="checkbox"/>	200 <input type="checkbox"/>	
4	永久普通會員 Life Full Member 香港護士註冊達 20 年或以上 RN registered for 20 years or more.	3,000 <input type="checkbox"/>		
5	永久附屬會員 Life Associate Member 香港登記護士登記達 20 年或以上, 或認可之外地註冊護士 Nurses enrolled for 20 years or more or Nurses registered outside Hong Kong	2,500 <input type="checkbox"/>		
合共 Total HK\$				

付款辦法: <input type="checkbox"/>	現金 Cash
Payment <input type="checkbox"/>	自動轉賬 Autopay (請向學院索取授權書)
Methods: <input type="checkbox"/>	支票 Cheque: 支票號碼 Cheque No. _____ 銀行 Bank _____ 抬頭為“香港護理學院” Payable to “College of Nursing, Hong Kong”
<input type="checkbox"/>	銀行轉帳 ATM transfer: 銀行名稱: 香港上海滙豐銀行有限公司 Bank name: The Hongkong and Shanghai Banking Corporation Limited 戶口名稱為“香港護理學院” Account name “College of Nursing, Hong Kong” 戶口號碼 Account number : 111-025169-001

備註 Remarks :

- 學院會向會員郵寄會員通訊及護理雜誌，外地會員如需收到有關學院之雜誌及通告郵件，請繳付額外郵費每年 HK\$100。
The College will send journals and circulars by post to all members. However, an additional postage fee (HK\$100/year) is applicable to overseas members for subscribing to the Journals and circulars by post.
- 學院會籍於每年七月一日起至翌年六月三十日屆滿，請於屆滿前辦理續會手續。
Since membership starts from 1st July and ends by 30th June each year, please renew your membership on time.
- 有關會員的權利與義務，請參閱會章。
Please refer to the Memorandum and Articles of Association of College of Nursing, Hong Kong for the rights and duties of members.
- 如有需要學院會要求申請人提供註冊/登記證書證明以作核對。
The College will require the applicants to provide the registered/enrolled certificate for verification whenever necessary.
- 香港護理學院對申請人提供之個人資料絕對保密。
The personal information provided by the applicants will be kept strictly confidential by the College of Nursing, Hong Kong.
- 此表格可經由電郵，傳真或郵寄方式遞交。
This form can be submitted via email, fax or by post.
- 申請人如欲查閱或更正個人資料，請以書面致函香港護理學院，向本院的行政主任提出。地址如下：
香港灣仔告士打道 223 號海聯大廈 13 字樓 A 及 C 室
To access and correct any of your information, please address your request in writing to the Executive Officer at College of Nursing, Hong Kong, Room A & C, 13/F, Hyde Centre, 223 Gloucester Road, Wanchai, Hong Kong.

個人資料用途及聲明 Personal Data Collection and Declaration

I understand and accept that the personal information I have provided to the College of Nursing, Hong Kong (“the College”) will be used only for communication, membership processing and purposes directly related to the activities of the College.

本人明白及同意香港護理學院將本人所提供的個人資料只會用作聯絡、處理會籍及與學院的活動有直接關係之事宜上。

I declare the information given in this application is, to be the best of my knowledge, accurate and complete. I understand that any false information will lead to rejection of this application and all my subsequent membership applications to the College, and that any fees paid will not be refunded.

本人謹此聲明在本申請表填報的資料均屬正確及完整，本人明白若填報之資料失實，本人此次及以後的會籍申請將不會被接納，已繳交的費用亦不會被退還。

簽名 Full Signature : _____ **日期 Date :** _____

學院專用 For Office Use Only	
申請編號 Serial No. :	付款方法 Paid by : <input type="checkbox"/> 支票號碼 Cheque No. _____ 銀行 Bank _____ <input type="checkbox"/> 現金 Cash <input type="checkbox"/> 其他 Others _____
收件日期 Date Received:	經手人 Handled by : _____ 日期 Date : _____
接納日期 Date Accepted :	會計部 Handled by (A/C Dept.) : _____ 日期 Date : _____