



香港護理學院
College of Nursing, Hong Kong

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/續會表格 Membership Application/Renewal Form

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"/>	身份證/ 護照號碼
中文姓名 Name in Chinese	英文姓名 Name in English
ID/Passport No.	

新會員或更改會員資料 For New member / renewal of personal data for existing member

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		傳真號碼 Fax No.
電子郵箱 Email address _____		
閣下是否願意接受我們以電子郵件方式發放之課程或通訊? Would you like to receive our circulars by e-mail? <input type="checkbox"/> 是/yes <input type="checkbox"/> 否/No		
工作機構 Name of Employer		
部門 Department		級別 Rank
住址 Address		
通訊地址(如與住址不同) Correspondence Address (if different from the address above)		
登記/註冊號碼 Registered /Enrolled No. _____	註冊地點 Place of Registration	註冊日期 Date of Registration

請在適當的空格內填上√號 Please √ the appropriate box.

會員類別 Membership Type	會員費 Membership Fee (HK\$)		
	一年 1 year	兩年 2 years	半年 Half Year* 只適用於新會員 New members only
1. 普通會員 Full 在香港護士管理局註冊之護士 Nurses registered with the Nursing Council, Hong Kong	158 <input type="checkbox"/>	315 <input type="checkbox"/>	88 <input type="checkbox"/>
2. 附屬會員 Associate 在香港護士管理局登記之護士或海外認可之註冊護士 Nurses enrolled with the Nursing Council, Hong Kong, or nurses registered outside Hong Kong	113 <input type="checkbox"/>	225 <input type="checkbox"/>	63 <input type="checkbox"/>
3. 學生會員 Student 在香港護士管理局所認可之護士學校受訓之學員 Student/Pupil nurses	59 <input type="checkbox"/>	117 <input type="checkbox"/>	33 <input type="checkbox"/>
合共 Total HK\$			

* 請參閱備註第二項。Please refer to remarks No. 2.

付款辦法: Payment Method :	<input type="checkbox"/> 現金 Cash <input type="checkbox"/> 自動轉賬 Autopay (請向學院索取授權書) <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”
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備註Remarks :

- 會籍於每年七月一日起至翌年六月三十日屆滿，請準時辦理續會手續。
Membership starts from 1st July to 30th June each year, please renew membership on time.
- 於每年一月一日後入會的新會員，首年年費按半年計算。
New application received after 1st January of each year will be counted as half year membership.
- 海外會員如需收到有關學院之雜誌及通告，請繳付額外郵費(每年 HK\$100)。
An additional mailing fee (HK\$100/year) is applicable to overseas members for subscribing the Journals and circulars.
- 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 right and duty.

Personal Data (Privacy) Ordinance

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

本人明白及同意香港護理學院將本人所提供的個人資料來處理會籍申請及其他學院活動事宜之用。

I declare the information give in this application is, to be 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 college and 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，本人的會籍申請將被取消，同時所繳交的費用概不獲退還。

簽名 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"/> 現金 Cash <input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 信用咭 Credit Card
接納日期 Date Accepted:	經手人 Handled by : _____ 日期 Date : _____
	會計部 Handled by (A/C Dept.): _____ 日期 Date : _____