

Hong Kong Community Nurses Association Limited

P. O. Box No.70530 Kowloon Central Post Office, Kowloon

Email address: hkcnaltd@yahoo.com.hk web site: http://www.hkcnaltd.org.hk

Membership Application / Membership Renewal / Personal Data Renewal Form

Please tick (\checkmark) the appropriate box and fill in the changed information and items with $*$ if renewal of membership	Official use: No.
Personal Particulars	
Name (in Eng1ish)*:	Name (in Chinese):
Surname First Name	Trume (in chinese).
Identity / Passport No*. (First 4 letter & digits, e.g. A 123): Sex:	
Organization:Department:	Position:
PHKAN Fellow in:(year) Re	new in:(year)
Correspondence address *:	
E-mail address*	
Telephone: (home /office) *(mobile):	
Application for*: ☐ New member ☐ Renewal (No.*) ☐ Change of personal data	
Membership Type	
☐ <i>Ordinary member</i> Any person whose name appears on the Part I and/or Part II Reg Council of Hong Kong, and is practicing in community nu Kong or having a professional qualification in community nur	ursing /community psychiatric nursing in Hong
☐ Associate Member Any person whose name appears on the Part I and/or Part II Nursing Council of Hong Kong	Registration or Enrollment maintained by the
Payment method: (Membership fee HK\$ 120 from 1st Janua	arys to 31 st December annually)
☐ Cheque crossed and payable to "Hong Kong Con	nmunity Nurses Association Limited"
Bank: One cheque for multiple applications is highly recommended.	Cheque No.
<u>Declaration</u>	
1. The information provided in this application is accurate.	
2. The personal information provided to Hong Kong Commu be used for membership application and related activities.	nity Nurses Association Limited should solely
Signature:_	Date:

This form and the cheque should be sent to HKCNA, P. O. Box No.70530 Kowloon Central Post Office, Kowloon. \underline{OR} HKCNA representative in your cluster