

Hong Kong Rehab Nursing Society

香港康復護理會

Membership Application Form

Please complete in BLOCK LETTER

Name in English:		Sex:	Organi	zation:	Specialty:	
中文姓名:		Post / Rank:		HKID (First 4 digits with the first English syllable):		
Email Address : (please print in ink)						
Contact Phone No. : (Mobile)						
Please indicate your membership type to be applied by inserting tick (✓)						
Category of Membership	Eligibility				Membership Fee	Please tick
Entrance Fee	For New Join Member				HK\$ 50	
Life Member	Eligible to be Full Member				HK\$ 1,000	
Full Member	Nurse registered in HK Nursing Council who shows interest in Rehabilitation / Extended / Convalescent Care				HK\$ 100 /annum	
Associate Member	Other Health Care professionals who show interest in Rehabilitation / Extended / Convalescent Care				HK\$ 80 /annum	
Total Payment:						
 Deposit the required amount by ATM / bank counter or through FPS to Hang Seng Bank Account No. 239-0-023485 Send this form electronically by email with the deposit slip or screen capture of any payment record to email address: info@hkrns.org.hk 						
Signature				Date		
For Official Use Only						
Membership Approved: Yes / No Payment				for: New Membership		
Payment Received: Yes / No Renew Membership						