

Hong Kong Rehab Nursing Society

香港康復護理會

Membership Application Form

Please complete in BLOCK LETTER

Name in English:		Sex:	Organiza	ation:	Specialty:		
中文姓名:		Post / Rank:	HKID (First 3 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			ŀ	HK\$ 50		
Life Member	Eligible to be Full Member			ŀ	HK\$ 1,000		
Full Member	Nurse registered in HK Nursing Council who shows interest in Rehabilitation / Extended / Convalescent Care			l	HK\$ 200 / 2 years		
Associate Member	Other Health Care professionals who show interest in Rehabilitation / Extended / Convalescent Care			l	HK\$ 160 / 2 years		
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				or: Ne	New Membership		
Payment Received: Yes / No Renew Membership							