



Membership Application Form

Please complete in BLOCK LETTER

Name in English:	Sex:	Organization:	Specialty:
中文姓名:	Post / Rank:	HKID (First 4 digits with the first English syllable):	

Personal 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\$ 200 / 2 years	
Associate Member	Other Health Care professionals who show interest in Rehabilitation / Extended / Convalescent Care	HK\$ 160 / 2 years	
Total Payment:			

1. Deposit the required amount by ATM / bank counter or through **FPS** to Hang Seng Bank Account No. **239-0-023485**
2. 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
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For Official Use Only

Membership Approved: Yes / No	Payment for : New Membership <input type="checkbox"/>
Payment Received: Yes / No	Renew Membership <input type="checkbox"/>