



Hong Kong Respiratory Nursing College

香港呼吸科護理學院

e-mail: admin@hkrnc.org.hk

Membership Application / Renewal Form Membership Period: 1 January – 31 December

Personal Details: (Please ✓ as appropriate)

Name in English: (Please use BLOCK LETTER) - Surname: - Other names:	中文姓名: (請以正楷填寫) - 姓氏: - 名字:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Practice: <input type="checkbox"/> HA Hospital <input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Clinic <input type="checkbox"/> Student Nurse <input type="checkbox"/> Retired <input type="checkbox"/> Others	Rank / Title:	Department: <input type="checkbox"/> Resp Medicine <input type="checkbox"/> Medical & Geriatric (M&G) <input type="checkbox"/> Others _____
Hospital / Organization:		
Contact Details: Office: _____ Mobile: _____ Email: _____		

Type of Membership: (Please ✓ as appropriate)

Membership Type	Membership Category	Remark	Annual Subscription
<input type="checkbox"/> New Membership	<input type="checkbox"/> Full Member	Qualified nurses	<input type="checkbox"/> HK\$100
	<input type="checkbox"/> Student Member	Student nurses	<input type="checkbox"/> HK\$100
<input type="checkbox"/> Renew Membership	<input type="checkbox"/> Associate Member	Allied-health professionals: Those interested in professional respiratory care but not categorized as Full Members or Student Members	<input type="checkbox"/> HK\$100

Notes: (including payment details)

- 1) Complete the membership application / renewal form clearly.
- 2) Deposit the required membership fee to the account:
 - Bank Name: **Hang Seng Bank**
 - Account Name: **Hong Kong Respiratory Nursing College Limited**
 - Account Number: **395 – 409386 – 883**
- 3) Send the membership application / renewal form and the deposit slip to admin@hkrnc.org.hk
- 4) The membership year begins on 1 January and ends on 31 December in any one year.
- 5) Data will be kept confidential and will be used by the College for administrative purpose only.

Completed Date: _____ Applicant Signature: _____

FOR OFFICIAL USE ONLY: Reference No. _____ Approved Date _____	Membership No. _____
---	----------------------