

續航!

香港公共健康護理學會

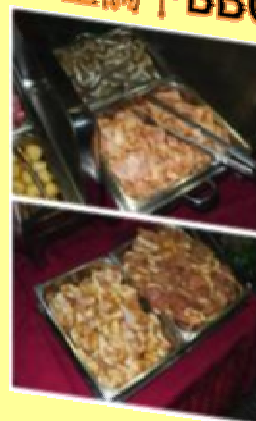


印度之旅!

2012年4月28日(星期六)



有辣有唔辣 空調下BBQ放題



時間：下午一時半至四時半

地點：印度會 Indian Club 佐敦加士居道24號（近QEH正門）

<http://www.openrice.com/restaurant/sr2.htm?shopid=30808>

費用：會員每位 \$148 / 非會員每位 \$168（大小同價）

（符合資格人士即時入會，可享會員同等優惠）

報名辦法：請填妥夾附報名表格，連同劃線支票（抬頭：“The Hong Kong Society for Public Health Nursing Limited”），寄回香港告士打道郵箱28482號；如有查詢，請致電 Peter (90467141) 或 Lily (98718427)

齊來探討香港護專、院士及公共健康護理學會的發展
請踴躍支持 報名從速！

香港公共健康護理學會

續航!

印度會之旅

日期：2012年4月28日（星期六）

報名表格

I. 參加者資料			
姓名	性別	本會會員編號（如適用）*	應繳費用
II. 聯絡人資料			
姓名：			
聯絡電話：			
電郵：			
III. 付款詳情			
支票號碼：			
銀行：			
總金額：			

*備註：

1. 請填妥報名表格，連同劃線支票（抬頭：“The Hong Kong Society for Public Health Nursing Limited”），寄回香港告士打道郵箱 28482 號「香港公共健康護理學會」收。
2. 如欲即時登記加入本會，請填妥隨附入會申請表格，連同入會會費支票，一併寄回上述郵箱；可即享會員同等優惠。
3. 查詢：請致電 Peter (90467141) 或 Lily (98718427)



The Hong Kong Society for Public Health Nursing Limited

Subscription for Membership

Membership Categories:

Category	Eligibility and Benefits	Subscription Fee
Full Member	<ul style="list-style-type: none"> • Registered nurse who has recognized public health nursing or related education/training or whose area of responsibility is involved in any kind of public health nursing or related practice; • Have voting rights and is eligible for election to the Committee; • Shall enjoy all the privileges and benefits offered by the Society. 	HK\$100 per annum
Affiliated Member	<ul style="list-style-type: none"> • Any person who is interested in public health nursing except those who are fulfilling the criteria of Full Members; • Shall enjoy all the privileges of Full Members except that they shall not be entitled to vote at general meetings and not eligible for election to the Committee. 	HK\$80 per annum
Life Full Member	<ul style="list-style-type: none"> • Qualified Full Member; • Have paid a one-time subscription equal to ten times the annual subscription for Full Member; • Shall enjoy all the rights, privileges and benefits of Full Member offered by the Society. 	HK\$1000
Life Affiliated Member	<ul style="list-style-type: none"> • Qualified Affiliated Member; • Have paid a one-time subscription equal to ten times the annual subscription for Affiliated Member; • Shall enjoy all the privileges and benefits of Affiliated Member offered by the Society. 	HK\$800
Honorary Member	<ul style="list-style-type: none"> • A person invited by the Committee who has exceptional contribution to the Society or public health nursing; • Shall enjoy all the privileges of Full Members except that they shall not be entitled to vote and not eligible for election to the Committee. 	N.A.

Subscribing for Membership

Please read the following notes carefully before filling in the “Membership Subscription Form” at the back:

1. Please complete the subscription form in English (except the Chinese name if any) and in block letters.
2. Please tick the appropriate box.
3. In compliance to the Personal Data Privacy Ordinance, the use of your personal particulars will be restricted to the Society only.
4. Please send the completed form with a crossed cheque payable to “The Hong Kong Society for Public Health Nursing Limited” to PO Box 28482, Gloucester Road Post Office.
5. To be environmentally friendly, no membership card will be issued. A receipt and a membership number will be sent to the individual member through email/mail once his/her subscription is accepted.
6. Whenever a member pays the subscription fee, the annual membership always starts on 1st January and ends on 31st December of the same year.



香港公共健康護理學會
HONG KONG SOCIETY FOR PUBLIC HEALTH NURSING

Membership Subscription Form

Part I: Application			
Type of Application:	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal (Membership No. & Name in Full: _____) <i>(If there is no change of subscriber's personal information, please jump to Part III – V)</i>		
Part II: Subscriber's Personal Information			
Name in Full:	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. _____ (Surname) (First Name) (Other Name)		<input type="checkbox"/> HKID No.: □□ □□□□□□() <input type="checkbox"/> Passport No.: _____ (Country: _____)
中文姓名:			<input type="checkbox"/> Female <input type="checkbox"/> Male
Correspondence Address:			
Contact Tel. No.:	Mobile	Office	Home
E-mail Address:			
Education:	Professional Qualification (e.g. RN, EN) : _____ Year of registration: _____		
	Academic Qualification (e.g. BN, MN, PhD): _____ (Please specify subject area: _____)		
	Had received Public Health Nursing or related education/training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, qualification(s) obtained: <input type="checkbox"/> Certificate of Health Nursing <input type="checkbox"/> Diploma in Public Health Nursing Studies <input type="checkbox"/> Bachelor of Nursing (Public Health Stream) <input type="checkbox"/> Master of Nursing (Public Health) <input type="checkbox"/> Others (please specify): _____		
Working Organization/ Institution:			Job Title:
Part III: Membership Subscription <i>(For the eligibility and benefits of different memberships, please refer to the front page)</i>			
Type of Membership	<input type="checkbox"/> Full Member (HK\$100 per annum) <input type="checkbox"/> Life Full Member (HK\$1000) <input type="checkbox"/> Affiliated Member (HK\$80 per annum) <input type="checkbox"/> Life Affiliated Member (HK\$800)		
Part IV: Detail of Payment			
<input type="checkbox"/> By cheque	Name of Bank:	Cheque No.:	
Part V: Declaration			
I understand and accept that the personal information I have provided to The Hong Kong Society for Public Health Nursing Limited (HKSPHN) will be used for membership approval and activities of the HKSPHN. I declare the information given in this application is, to the best of my knowledge, accurate and complete. I understand that any false or misleading information will lead to disqualification of my application and cancellation of subsequent application in the HKSPHN and any fees paid will not be refunded.			
Subscriber's signature:		Date:	
Part VI: For Official Use Only			
Subscription:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason: _____)		
Membership No. : (For New Application only)		Membership fee paid: <input type="checkbox"/> HK\$1000 <input type="checkbox"/> HK\$800 <input type="checkbox"/> HK\$100 <input type="checkbox"/> HK\$80	
Receipt No.:		Receipt sent on: _____	
Database entered	on: _____ by: _____	Remarks:	