

The Hong Kong Society for Public Health Nursing Limited

Application for Membership

Membership Categories

Category	Eligibility and Benefits	Application Fee
Full Member	<ul style="list-style-type: none"> • Registered Nurse who has recognised public health nursing or related education/training or whose area of responsibility is involved in 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 application equal to ten times the annual application 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 application equal to ten times the annual application 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.

Please read the following notes carefully before filling in the Application Form at the back:

1. In compliance with the Personal Data (Privacy) Ordinance, the use of the personal particulars will be restricted to the Society only.
2. Please send the completed form with **a crossed cheque / payment slip** and made payable to “The Hong Kong Society for Public Health Nursing Limited” to *PO Box 28482, Gloucester Road Post Office*.
3. For online application, please send your application form together with the payment slip via Faster Payment System FPS ID: 169256476 and email to: membership@hksphn.org.hk.
4. A receipt and the membership number will be sent to the individual member through email/mail once the application is accepted.
5. The annual membership will be valid from 1 April of the year till 31 March of the following year.

THE HK SOCIETY FOR PUBLIC HEALTH NUR LTD



The Hong Kong Society for Public Health Nursing Limited

Application Form for New / Renewal of Membership

Part I: Application	
*Type of Application:	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal of membership for the year 1 April 20__ to 31 March 20__ (Membership No.): _____
Part II: Personal Information <i>(Please proceed to Part III if no significant change on personal particulars)</i>	
*Name in Full:	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <hr style="width: 80%; margin-left: 20px;"/> (Surname) (First Name) (Other Name)
中文姓名:	<input type="checkbox"/> HKID No.: <input type="checkbox"/> Others: _____
Correspondence Address:	
Contact Tel. No.:	
Personal email Address:	
*Qualification(s):	Professional Qualification (e.g. RN, EN) : _____ Year of Registration: _____ Academic Qualification (e.g. BN, MN, PhD): _____ (Please specify subject area: _____) Postgraduate Public Health Nursing or related education/training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please put a <input checked="" type="checkbox"/> as appropriate: <input type="checkbox"/> Certificate of Health Nursing <input type="checkbox"/> Bachelor of Nursing (Public Health Stream) <input type="checkbox"/> Diploma in Public Health Nursing Studies <input type="checkbox"/> Master of Nursing (Public Health) <input type="checkbox"/> Master of Public Health <input type="checkbox"/> Others (please specify): _____
Working Organisation / Institution:	Position:
Part III: Membership Categories	
*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: Payment Method	
<input type="checkbox"/> By Cheque	Name of Bank: _____ Cheque No.: _____
<input type="checkbox"/> By Faster Payment System (FPS ID: 169256476)	
Part V: Declaration	
I hereby declare the above information is accurate to this date and I agree to provide the above information to The Hong Kong Society for Public Health Nursing ("the Society") in support of this application. I understand that it is my responsibility to inform the Society for any change of the submitted information. The Society will not have to be responsible for any issues that arise as a result of my failure to inform the Society.	
Applicant's Signature: _____	Date: _____
Part VI: For Official Use Only	
*Application:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason: _____)
Membership Number (For New Application only)	
Acknowledgment email	Sent on _____ Remarks: _____