

HONG KONG ASSOCIATION OF CRITICAL CARE NURSES LIMITED

香港危重病學護士協會有限公司

Membership Application Form for membership application and renewal

入會/續會申請表格

Name : 姓名 (Surname 姓氏) (Other names 名)		(Chinese 中文姓名)	
HKID Card / Passport No. with the alphabet & first 3 digits (e.g.G203) 香港身份證 / 護照號碼		Sex : <input type="checkbox"/> M 男 性別 <input type="checkbox"/> F 女	
Hospital / Organization : 醫院名稱 / 服務機構		Department : 部門	Rank : 職位
Correspondence Address : 通訊地址			
Telephone No. 通訊電話: (Office 辦公室) (Home 住宅) (Mobile / Pager 手提/傳呼)			
Email Address : 電郵		Fax : 傳真號碼	
Please tick the box below to indicate your payment category <input type="checkbox"/> NEW member 請在空格上加上 <input checked="" type="checkbox"/> 號表示所繳交會員年費之類別 <input type="checkbox"/> RENEWAL— membership no. _____			
Category 會員類別:		Annual Subscriptions 會員年費	
(1) Life member 永久會員 Registered Nurses in Hong Kong Workplace: *Critical Care Area / Non Critical Care Area. .Ward/ Unit & Hospital _____		<input type="checkbox"/> HK\$1,500 One-off Payment	
(2) Full member 基本會員 Registered Nurses in Hong Kong Workplace: *Critical Care Ward / Non Critical Care Ward. Ward/ Unit & Hospital _____		<input type="checkbox"/> HK\$150	
(3) Associate member 附屬會員 persons other than registered nurses in Hong Kong _____		<input type="checkbox"/> HK\$150 Any	
如申請(1)會費只需繳付一次，而(2)、(3)會員須繳交年費，有效期為每年的4月1日至翌年3月底。			
Cash / Bank & Cheque No. 現金 / 銀行及支票號碼 _____ Please make a crossed cheque payable to "Hong Kong Association of Critical Care Nurses Ltd." 劃線支票抬頭人：香港危重病學護士協會有限公司) Correspondence address : Hong Kong Association of Critical Care Nurses Ltd, Room 501, 5/F, Great Smart Tower, 230 Wan Chai Road, Hong Kong. 寄回：香港灣仔灣仔道230號佳誠商業大廈5樓，501室，香港危重病學護士協會有限公司。			
Date : 日期		Signature : 簽名	
For official use only 此欄由本會填寫 Membership approved : Yes / No Membership fee paid : Yes / No		Membership Number : _____ Approved by: _____ Received By: _____ Date _____	

For enquiry, please call : (852)-2861 2972 / Fax: (852)-2861 2784 /

Email: hkaccn.org@hotmail.com/ Website : hkaccn.org

- Critical Care Area refers to areas that provide critical care such as ICU, CCU, Neuro ICU, Cardiac Center, AED, HDU and Respiratory Ward, etc.

Membership Application Form (Revised – 08/2023)

Adm. – 001 -08/2023