香港助產士會

Hong Kong Midwives Association

香港灣仔告士打道
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入會申請/更新資料表格

MEMBERSHIP APPLICATION/RENEWAL FORM

英文姓名 (請以正楷填寫) **Name in English (In block letters)**	中文姓名 **Name in Chinese**
地址 **Address**	
聯絡電話號碼 Contact tel. no. 住宅 **Home :** 工作 **Work :** 手提 **Mobile :.**	
電郵 E-mail	**傳真 Fax no.**
工作機構 **Employing organization**	職位/部門 **Present post/Department**
香港護士局註冊編號及註冊日期 **Hong Kong Nursing Council Registration no. and date of registration**	
香港助產士局註冊編號及註冊日期 **Hong Kong Midwives Council Registration no. and date of registration**	
會員類別 Membership Type □ 永久 Life □ 普通 Full □ 附屬 Associate	

只供本會填寫 For official use only	
Date of application	Membership no.
Fee	Cheque no. (Bank)
Approved by Name in block : Signature : Date :	
Remarks	

備注 Remarks :

- **填妥表格後，請連同入會費 (劃線支票註明收款人為「香港助產士會」) 並在支票背面註明姓名及聯絡電話寄回本會。**

Please send the completed application form together with registration fee. Kindly state your name and contact telephone number at the back of the cheque (crossed cheque payable to "*Hong Kong Midwives Association*")