

香港助產士會
Hong Kong Midwives Association

Honorary Patron
Mrs Fan Hsu L. T., Rita, GBM, GBS, JP



名譽贊助人
太平紳士范徐麗泰人大常委

Course Application Form
(For Group Enrolment)

Course Name / Code No.: _____
Hospital / Institution : _____
Contact Person : _____
Email : _____

Department : _____
Tel : _____

No.	Name (In BLOCK LETTER)	Rank	HKMA Membership No.	Contact Tel No.	Email Address

Remarks :

1. Please send the application form with course fee (crossed cheque payable to “Hong Kong Midwives Association”) to Hong Kong Midwives Association, D1, 13/F, Hyde Centre, 223, Gloucester Road, Wanchai, Hong Kong.
2. If the application form is faxed to the Association, please send the cheque within 7 days & before the commencement of the course.
3. All course fees are not refundable / transferable.
4. Contact Person will be informed of the acceptance.

For Office Use Only

Date Received : _____

Cheque No. / Bank : _____ Total Amount : _____

Application is accepted / not accepted

Approved by : Name / Signature : _____

Remarks : _____

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