香港助產士會

Hong Kong Midwives Association

香港灣仔高士打道
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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 :

1. 填妥表格後，請連同 :
   - 已貼上郵票之回郵信封一個；寄返本會，以作日後寄回收據及會員証之用。
   - 入會費(請用劃線支票註明收款人爲「**香港助產士會**」)

1. Please send the completed application form together with :
   - a stamped self-addressed envelop
   - registration fee (crossed cheque payable to "***Hong Kong Midwives Association***")