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| 香港灣仔告士打道223號海聯大廈13樓D1 |  **香港助產士會** **Hong Kong Midwives Association** | D1, 13/F, Hyde Centre,223 Gloucester Road,Wanchai, Hong KongTel : 28938800 Fax: 25725329Email: midwives@netvigator.com |

**入會申請/更新資料表格**

# MEMBERSHIP APPLICATION/RENEWAL FORM

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|  **英文姓名 (請以正楷填寫) Name in English (In block letters)** |  **中文姓名 Name in Chinese** |
|  **Year of Birth 出生年份**  | **HKID NO. the letters and the first 3 digits****身份証號碼 (只須填寫英文字母及頭3位數字)** |
|  **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 |

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| ***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 :**

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| * **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*")** |  |