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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 Kong  Tel : 28938800 Fax: 25725329  Email: 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*")** |  |