



# HONG KONG EMERGENCY NURSES ASSOCIATION

Website: [www.hkena.org](http://www.hkena.org)

Email: [support@hkena.org](mailto:support@hkena.org)

## Membership Application / Renewal Form

( Year \_\_\_\_\_ )

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs.	HKID No.: _____ (ONLY alphabet & first 3 numbers )
Name: _____ (English) _____ (中文)	Membership No.:
Email Address:	
Please tick this box <input type="checkbox"/> if you agree HKENA to contact you for future information via Email	

### Please fill in the following box if you are new member or your personal data changed:

Current Professional Qualification:	<input type="checkbox"/> RN	<input type="checkbox"/> EN	<input type="checkbox"/> Nursing Student
	<input type="checkbox"/> Other Health Care Profession _____		
Position Held:	_____		
Place of Work:	_____ (Unit / Department)	_____ (Hospital / Institution)	
Mailing Address:	_____ _____		
Telephone No.:	_____ (Mobile)	_____ (Office)	

### All applicants need to fill in the following box:

(1)	<input type="checkbox"/> new membership:	<input type="checkbox"/> Ordinary <sup>1</sup> <input type="checkbox"/> Affiliated <sup>2</sup> <input type="checkbox"/> Student Nurse <sup>3</sup>	<input type="checkbox"/> \$100 { \$50 Admission Fee + \$50 Annual Fee }
(2)	<input type="checkbox"/> renew membership: (For current members <sup>†</sup> )	<input type="checkbox"/> Ordinary <sup>1</sup> <input type="checkbox"/> Affiliated <sup>2</sup> <input type="checkbox"/> Student Nurse <sup>3</sup>	<input type="checkbox"/> \$50 Annual Fee
(3)	<input type="checkbox"/> renew membership: (For non-current members <sup>†</sup> )	<input type="checkbox"/> Ordinary <sup>1</sup> <input type="checkbox"/> Affiliated <sup>2</sup> <input type="checkbox"/> Student Nurse <sup>3</sup>	<input type="checkbox"/> \$100 { \$50 Admission Fee + \$50 Annual Fee }

\*Annual membership fee will be due on 1<sup>st</sup> January of each calendar year

<sup>†</sup> Current member means existing current years' member; membership fee had paid up till current year

<sup>1</sup> Ordinary Member: RN or EN who are currently working in A&E Department in Hong Kong

<sup>2</sup> Affiliated Member: RN or EN who had worked previously in A&E Department in Hong Kong, or have interest in Emergency Nursing, or retired ordinary members

<sup>3</sup> Student Member: Students who are studying nursing in one of the universities or nursing schools in Hong Kong

Please send this form together with a cheque payable to “**Hong Kong Emergency Nurses Association Ltd.**” to **P.O. Box No. 70122, Kowloon Central Post Office, Hong Kong**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

(The information collected from this application form will be used for internal record only)

### For Office Use Only :

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Accept

Do not Accept

Endorsed by : \_\_\_\_\_

Date: \_\_\_\_\_