



# Hong Kong Emergency Nurses Association

Email: support@hkena.org

Website: www.hkena.org

## Membership Application / Renewal Form (Year \_\_\_\_\_)

### Personal Details

Title:  Mr  Ms  Mrs

HKID no.: \_\_\_\_\_

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (中文) (ONLY alphabet & first 3 numbers)

Email: \_\_\_\_\_ Membership no.: \_\_\_\_\_

# Please tick this box  if you agree HKENA to contact you for future information via email #

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

Current professional qualification:  RN  EN  Nursing Student

Position held: \_\_\_\_\_

Place of work: \_\_\_\_\_ (Unit / Department) \_\_\_\_\_ (Hospital / Institution)

Corresponding address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

### Membership Details

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 <sup>†</sup> (current)	<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 <sup>†</sup> (non-current)	<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 January of each calendar year.

<sup>†</sup> Current member: Membership fee had paid up till current year end.

<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 working previously in A&E Department in Hong Kong, and who are interested in Emergency Nursing, or retired ordinary members.

<sup>3</sup> Student member: Student 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: \_\_\_\_\_

Information collected from this application form will be used for internal record and will be destroyed after processing of the application.

### For office use only:

Cheque no.:	_____	Bank:	_____
Membership no.:	_____	<input type="checkbox"/> Accept	<input type="checkbox"/> Do not accept
Endorsed by:	_____	Date:	_____