

**Hong Kong College of Education and Research in Nursing**

**Renewal Application Form for Associate Membership**

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| I,  |  | Associate Membership Number: |  |
| Associate Member of the Hong Kong College of | **Education & Research in Nursing** |
|  | am **applying** for renewal of Membership for the Year April 2023 to March 2024. |
| **My personal information** | **Remarks** |
| Present rank |  |  |
| Work place*(Hospital or institution name / ward)* |  |  |
| \*Update Nursing Practising Cert No.:  |  | Valid till  |
| **Personal** email address*(Not work place one)* |  |  |
| Residential Address |  |  |
| Contact Telephone No. |  |  |
| Others: Please specify: |  |  |

*\*With supportive documents enclosed*

I hereby declare that the above information is accurate to this date and I agree to provide the above information to Hong Kong College of Education & Research in Nursing (here below refer to the College) in support of this application. I understand that it is my responsibility to inform the College for any change of the submitted information. The College will not have to be responsible for any issues arise as a result of my failure to inform the College.

|  |  |
| --- | --- |
|  | am **NOT renewing** Membership for the Year April 2023 to March 2024. |

**Please be informed that the “Associate Membership” status would be removed if an annual subscription is not received and the individual will not be allowed to use the designated title. The individual would need to re-apply after the removal of the member status.**

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| I enclose herewith a crossed cheque for HK$200 with cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to **Hong Kong College of Education & Research in Nursing Limited** as the annual membership fee from 1 April 2023 to 31 March 2024. |

Note :

1. No refund of the annual membership fee will be made.
2. Please mail (with sufficient postage) this renewal application form and the supportive documents together with the crossed cheque to

**Hong Kong College of Education & Research in Nursing Limited**

**PO Box No: 71393, Kowloon Central Post Office, Yau Ma Tei, Kowloon**

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Signature of Applicant Date

**FOR ACADEMY COLLEGE USE**

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| Endorsed by |
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|  |  |  |
| --- | --- | --- |
|  | Signature Block Letters \_\_\_\_\_\_\_\_\_\_\_\_  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (President) |  |

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**\* Delete as appropriate**