##  Hong Kong College of Education and Research in Nursing HKCERNlogo

**Associate Membership Application**

*(All information collected will be used by the college for membership information and treated with strict confidentiality.)*

 E-mail Address: hkcern@gmail.com

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| *Please complete the form in English (except the Chinese name if any) and in* ***BLOCK LETTERS****.* |
| **Name in English (BLOCK LETTERS)**Surname:Other names: | Identification DocumentsHong Kong Identity Card No.: \_\_ \_\_ \_\_ \_\_ XXX(X) |
|  |
| **Name in Chinese:** | **Gender:** ❑ Female ❑Male |
| **Title**: ❑ Ms. ❑ Mrs. ❑ Mr. ❑ Dr ❑ Prof |
| **Residential Address:** |
| **Tel. No.** Office:  Home: | **Mobile:** | **E-mail:**  | **Fax No:**  |
| **Occupation /Job Title:** | **Place of work:** **Address:**  |
| **Education** | Professional Qualification: (e.g. RN, NS) |
| Other Academic Qualification: (e.g. BSc, MBA, PhD) |
| *Please indicate which of the College committees and/or activities you are interested in contributing as a voluntary member.* ❑ Registration & Membership ❑ Professional Development ❑ Education & Programme development❑ Accreditation & Credentialing ❑ Conference activities ❑ Executive/Secretariat❑ others (specify):  |
| **Payment By Cheque** Cheque No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount : HK$\_200\_\_\_Payable to “**HONG KONG COLLEGE OF EDUCATION AND RESEARCH IN NURSING LIMITED”****“香 港 護 理 教 育 及 科 研 學 院 有 限 公 司”**Note: No refund of the annual membership fee will be made.  |
| ❑ I understand and accept that the personal information I have provided to Hong Kong College of Education and Research in Nursing Limited (HKCERN) will be used for membership approval and activities of the HKCERN.❑ I declare the information given in this application is, to the best of my knowledge, accurate and complete. I understand that any false or misleading information will lead to disqualification of my application and cancellation of subsequent application in the HKCERN and any fees paid will not be refunded. ❑ I declare that I have no criminal conviction and professional misconduct cases at present. |
| **Subscriber’s signature:** | **Date (dd mm yy):**   |

### ❑ Please 🗸 whenever appropriate

**FOR ACADEMY COLLEGE USE**

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

 |

\* Delete as appropriate

**Membership**

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| **Category** |  **Eligibility and Benefits** | **Submission Checklist**  | **For Office Check only** |
| **Associate Member** | * RN engaged in postgraduate nursing education or in any study or other activity which is in the nature of continuing nursing education or if the HKCERN is satisfied that he/she is interested in such study or activity;
* Shall enjoy all the privileges of full members except that they shall not be entitled to vote at general meetings and not eligible for election to the Council.
 | □ A valid RN/RM Registration certificate issued by the Nursing Council of Hong Kong□ A valid practising certificate issued by the Nursing Council of Hong Kong□ Proof on engagement in nursing education and/or research at time of application | □□□ |

Notes

1. In compliance to the Personal Data Privacy Ordinance, the use of your personal particulars will be restricted to the HKCERN only.
2. Payment by crossed cheque payable to **“ Hong Kong College of Education and Research in Nursing Limited ”/ “香 港 護 理 教 育 及 科 研 學 院 有 限 公 司”**
3. Steps for application or renewal of membership:
	1. Please mail the completed Membership Application form and required documents together with a crossed cheque to our Membership & Registration unit at the following postal address: **P.O Box No. 71393, Kowloon Central Post Office , Yau Ma Tei, Kowloon**

3.2) A Receipt will be issued to you when the subscription is accepted and processed. Please keep the receipt for your own reference

1. Irrespective of the time of payment, the annual membership period will start from 1st April to 31st

March of the following year.