The Hong Kong Academy of Nursing & Midwifery
香港護理及助產專科學院
Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR
Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

College Logo

RENEWAL APPLICATION FORM FOR ORDINARY MEMBERSHIP

I, _____ Ordinary Member Certificate Number: _____

Ordinary Member of the Hong Kong College of _____

☐ I am **applying** for renewal of Ordinary Membership for the Year April ( ) to March ( ).

My personal information		**Remarks**
Present rank		
Work place *(Hospital or institution name/ward)*		
*Update Nursing Practicing Certificate No.:		Valid till ( )
Personal e mail 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 ( ) (here below refer to the College) and the Hong Kong Academy of Nursing & Midwifery 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.

☐ I am **NOT renewing** Ordinary Membership for the Year April ( ) to March ( ).

Please be informed that the "Ordinary 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 Fellow status and would need to go through examinations as stipulated by the College.

I enclose herewith a crossed cheque for **HK$800** with cheque no._____ of _____ Bank to be payable to **Hong Kong College of ( ) Limited** as the annual membership fee from 1 April ( ) to 31 March ( ).

Note: Please mail (*with sufficient postage*) this renewal application form and the supportive documents together with the crossed cheque to:
Administrative Office, **Hong Kong College of ( ) Limited**,
Address: Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR.

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Signature of Applicant _____ Date _____

FOR ACADEMY COLLEGE USE

Endorsed by:

Signature _____ Block Letters _____ Date _____
(President)

* *Delete as appropriate*

Note on Personal Data Protection:

Personal data collected in the form would be used for necessary administration and kept in complied with the requirements under the Personal Data (Privacy) Ordinance (Cap. 486). The collected personal data would not be transferred to any unrelated third parties without data subject's prior consent.