

Hong Kong Association of Occupational Health Nurses Membership Application Form

Please complete in BLOCK LETTERS 請用正楷填寫各項

*Please delete as appropriate 請刪去不適用者

Apply for type of membership: (Please tick the appropriate box) 申請各類會籍 (請於適當的方格內填上"✓")

Full Membership <input type="checkbox"/> <input type="checkbox"/> HK\$1,000 (Life) <input type="checkbox"/> HK\$200 (Per annum)	Associated Membership <input type="checkbox"/> HK\$150 (Per annum)	Affiliated Membership <input type="checkbox"/> HK\$100 (Per annum)
---	---	---

1. Personal Particulars 個人資料

Name in Full(English) 英文全名 Mr/Ms/Mrs* <div style="display: flex; justify-content: space-between; margin-top: 10px;"> (First Name) (Last Name) </div>	Chinese Name 中文姓名 (if applicable)
First 4 digits of HK ID /passport no. 香港身份證或其他護照號碼的首四個數字	
Profession 專業 Nurse/PT/OT/others* _____ 護士/物理治療師/職業治療師/其他* _____	Working Organisation 工作機構名稱
Correspondence Address 通訊住址	
Contact Telephone no. 聯絡電話	E-mail 聯絡電郵

2. Academic/ Professional Attainment (in chronological order)

學歷/專業資格領發機構 (按日期順序列出)

Date Obtained 領授日期	Academic /Professional Qualification Held 學歷/持有的專業資格	Issuing Authority 領發機構

3. Education and Training 教育及培訓

Education and training related to occupational health (in chronological order) 有關職業健康的教育及培訓 (按日期順序列出)		
Institution 機構	Course Name 課程名稱	Year Completed 完成年份

4. Working Experience in Occupational Health (Use additional Sheet if necessary)

有關職業健康的工作經驗

Organization 機構名稱	Working experience related to occupational health 有關職業健康的工作經驗	Year(s) 年期

New Applicant 新申請

Membership Renewal 續會 (HKAOHN No. 會員號碼)

Date 日期		Signature of Applicant 申請人簽名:	
-------------------	--	---	--

**Hong Kong Association of Occupational Health Nurses
Membership Application Form**

For registration, please send the completed application form to HKAOHN, Kowloon Central Post Office P.O. Box No. 70718, Hong Kong with cheque payable to 'Hong Kong Association of Occupational Health Nurses Limited'. For enquiry, please email to hkaohn@gmail.com (Website: www.hkaohn.com.hk)

<p><i>Official use 只供內部填寫</i></p> <p>Vetted by: _____</p> <p>Accept / Reject on: _____</p> <p>Membership number: _____</p>	<p><i>Payment:</i></p> <p><input type="checkbox"/> Cash (Received by _____ on _____)</p> <p><input type="checkbox"/> Cheque (Bank _____ No. _____)</p> <p><input type="checkbox"/> Deposit (Date _____ Ref. _____)</p>
--	---

Members of the Association may be of any nationality and of the following kinds:

(i) Full Members:-

Any registered nurse who has recognized occupational health training or any registered nurse whose area of responsibility involves in any kind of occupational health practice

(ii) Associated Members:-

Any registered nurse who is interested in Occupational Health Nursing

(iii) Affiliated Members: -

Any personnel who is interested in occupational health practice

(iv) Honorary Members: -

Any person who has rendered outstanding service to the Association or for the furtherance of the occupational health nursing profession may be elected by the Director Board to become an honorary member of the Association.

Remarks: All personal information collected will only be used strictly for the application of HKAOHN membership