

# The Hong Kong Society for Public Health Nursing Limited

## Enrolment Form

**Course Title : *Medical Consumerism and Human Right***

**Time : *7pm – 8:30pm***

**Date : *29 August 2012 (Wednesday)***

Membership no. (if applicable) \_\_\_\_\_

Name : (Eng ) \_\_\_\_\_ (Chin) \_\_\_\_\_ Sex: \_\_\_\_\_

Contact number : (M) \_\_\_\_\_ (Off) \_\_\_\_\_

Email : \_\_\_\_\_ Post : \_\_\_\_\_

Work place : \_\_\_\_\_ : Registration fee  \$50 (member)

\$80 (non-member)

Bank: \_\_\_\_\_ Cheque no : \_\_\_\_\_

*(Cheque should be crossed and made payable to “The Hong Kong Society for Public Health Nursing Limited”*

### *Remarks :*

1. Please send the completed enrolment form together with a crossed cheque to PO Box 28482, Gloucester Road Post Office, Hong Kong (***Do not send cash or post-dated cheque***). Please write your name, contact phone number, and course title on the back of the cheque.
2. Seats are limited and are offered on a first-come-first-served basis. Confirmation will be made by email.
3. Payment are non-refundable after confirmation of registration. An electronic receipt will be send via email. If the “Hong Kong Society for Public Health Nursing Limited” stamp is needed, please bring along with your electronic receipt print out to attend the course and contact our staff.
4. The “Society” reserves the right to cancel the course in case of low enrolment or bad weather. Announcement and refund arrangement will be made if the course is cancelled.
5. For registration as member of the Society”, please complete the registration form together with the membership fee (in crossed cheque) and send to the above mentioned address. You are eligible to enjoy the benefit at this registration.
6. Course enquiry : 6734 8825 (Ms NGAI)



## The Hong Kong Society for Public Health Nursing Limited

### *Subscription for Membership*

#### **Membership Categories:**

Category	Eligibility and Benefits	Subscription Fee
<b>Full Member</b>	<ul style="list-style-type: none"> <li>• Registered nurse who has recognized public health nursing or related education/training or whose area of responsibility is involved in any kind of public health nursing or related practice;</li> <li>• Have voting rights and is eligible for election to the Committee;</li> <li>• Shall enjoy all the privileges and benefits offered by the Society.</li> </ul>	HK\$100 per annum
<b>Affiliated Member</b>	<ul style="list-style-type: none"> <li>• Any person who is interested in public health nursing except those who are fulfilling the criteria of Full Members;</li> <li>• 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 Committee.</li> </ul>	HK\$80 per annum
<b>Life Full Member</b>	<ul style="list-style-type: none"> <li>• Qualified Full Member;</li> <li>• Have paid a one-time subscription equal to ten times the annual subscription for Full Member;</li> <li>• Shall enjoy all the rights, privileges and benefits of Full Member offered by the Society.</li> </ul>	HK\$1000
<b>Life Affiliated Member</b>	<ul style="list-style-type: none"> <li>• Qualified Affiliated Member;</li> <li>• Have paid a one-time subscription equal to ten times the annual subscription for Affiliated Member;</li> <li>• Shall enjoy all the privileges and benefits of Affiliated Member offered by the Society.</li> </ul>	HK\$800
<b>Honorary Member</b>	<ul style="list-style-type: none"> <li>• A person invited by the Committee who has exceptional contribution to the Society or public health nursing;</li> <li>• Shall enjoy all the privileges of Full Members except that they shall not be entitled to vote and not eligible for election to the Committee.</li> </ul>	N.A.

#### **Subscribing for Membership**

**Please read the following notes carefully before filling in the “Membership Subscription Form” at the back:**

1. Please complete the subscription form in English (except the Chinese name if any) and in block letters.
2. Please tick the appropriate box.
3. In compliance to the Personal Data Privacy Ordinance, the use of your personal particulars will be restricted to the Society only.
4. Please send the completed form with a crossed cheque payable to “The Hong Kong Society for Public Health Nursing Limited” to PO Box XXXX, HKGPO.
5. To be environmentally friendly, no membership card will be issued. A receipt and a membership number will be sent to the individual member through email/mail once his/her subscription is accepted.
6. Whenever a member pays the subscription fee, the annual membership always starts on 1st January and ends on 31st December of the same year.



## Membership Subscription Form (January - December 201\_)

Part I: Application				
Type of Application:	New Application			
	Renewal (Membership No. & Name in Full: _____) <i>(If there is no change of subscriber's personal information, please jump to Part III – V)</i>			
Part II: Subscriber's Personal Information				
Name in Full:	Prof. Dr. Mr. Mrs. Ms. Miss.	HKID No.: □□ □□□□□□□□ ( )		
	(Surname)	(First Name)	(Other Name)	Passport No.: _____ (Country: _____)
中文姓名:				Female Male
Correspondence Address:				
Contact Tel. No.:	Mobile	Office	Home	
E-mail Address:				
Education:	Professional Qualification (e.g. RN, EN) : _____ Year of registration: _____			
	Academic Qualification (e.g. BN, MN, PhD): _____ (Please specify subject area: _____)			
	Had received Public Health Nursing or related education/training? Yes No If yes, qualification(s) obtained: Certificate of Health Nursing Diploma in Public Health Nursing Studies Bachelor of Nursing (Public Health Stream) Master of Nursing (Public Health) Others (please specify): _____			
Working Organization/ Institution:				Job Title:
Part III: Membership Subscription (For the eligibility and benefits of different memberships, please refer to the front page)				
Type of Membership	Full Member (HK\$100 per annum)		Life Full Member (HK\$1000)	
	Affiliated Member (HK\$80 per annum)		Life Affiliated Member (HK\$800)	
Part IV: Detail of Payment				
By cheque	Name of Bank:			Cheque No.:
Part V: Declaration				
I understand and accept that the personal information I have provided to The Hong Kong Society for Public Health Nursing Limited (HKSPHN) will be used for membership approval and activities of the HKSPHN. 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 HKSPHN and any fees paid will not be refunded.				
Subscriber's signature:			Date:	
Part VI: For Official Use Only				
Subscription:	Accepted		Rejected (Reason: _____)	
Membership No. : (For New Application only)		Membership fee paid:	HK\$1000	HK\$800 HK\$100 HK\$80
Receipt No.:		Receipt sent on: _____		
Database entered	on: _____ by: _____		Remarks:	