



The Hong Kong Society for Public Health Nursing Limited
Notification for Change of Personal Particulars Form

Name: _____

Membership Number: _____

Personal Particulars need to be updated		
<input checked="" type="checkbox"/> Please tick in the appropriate box(es)		
<input type="checkbox"/>	Title	*Mr. / Mrs. /Ms. /Dr./ Prof./ _____
<input type="checkbox"/>	Name (in Full)	English: _____ 中文: _____
<input type="checkbox"/>	Correspondence Address:	_____ _____ _____ _____
<input type="checkbox"/>	Contact (*mobile/home/office)	_____
<input type="checkbox"/>	Email Address	_____

*Delete where inappropriate

I declare that all information provided is true and correct, and authorise The Hong Kong Society for Public Health Nursing (“HKSPHN”) to make the necessary changes.

Signature

Date

Remarks:

Please submit this completed form via the following channels:

Email membership@hksphn.org.hk

Postal address [PO Box 28482, Gloucester Road Post Office](#)

The Hong Kong Society for Public Health Nursing