**RENEWAL APPLICATION FORM FOR**

**ASSOCIATE MEMBERSHIP**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate Member Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

am a Associate Member of the Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am **applying** for renewal of Associated membership for the Year \_\_\_\_\_\_\_\_\_\_ (MM/ YYY)

to \_\_\_\_\_\_\_\_\_\_\_ (MM/ YYYY)

|  |  |  |
| --- | --- | --- |
| **My personal information** | | **Remarks** |
| Present rank |  |  |
| Work place (Hospital or institution name) |  |  |
| \*Update Nursing Practicing Certificate No. |  | Valid till ( ) |
| Personal e-mail address  ( Not working place one) |  |  |
| Residential Address  (If change) |  |  |
| 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 the Hong Kong College of Emergency Nursing 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 issue arise as a result of my failure to inform the College.

I am **NOT renewing** Associate Membership for the Year April 2024 to March 2025.

**Please be informed that the “Associate 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 membership and would need to go through assessment as stipulated by the College.**

|  |
| --- |
| I enclose herewith a crossed cheque for **$\_\_\_\_\_\_\_\_\_\_\_\_** with cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank to be payable to **Hong Kong College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Limited** as the annual membership fee from 1 April 2024 to 31 March 2025. |

***Note: Please submit this application from with a crossed cheque to the your Academy College Office at***

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_