



Hong Kong Haematology Nursing Association

E-mail: hkhna1td@gmail.com WhatsApp: 84816495 Website: <http://www.hkhna.net>

The Mission of the Society is to act as a unified voice of the Haematology Nurses dedicated to providing nursing care of optimal professional standards.

SUBSCRIPTION FOR MEMBERSHIP

Notes

1. Please complete the form in English and in block letters.
2. In compliance to the Personal Data Ordinance, the use of your personal particulars will be restricted to the Association only.
3. Please bank in the registration fee HK\$50 to HSBC Bank Account No. 143-163269-838 and send the bank deposit slip together with the completed application form by email (hkhna1td@gmail.com) or by WhatsApp (84816495) for processing.
4. Receipt will be issued to you when the subscription is accepted. (Please allow **4** weeks for processing)
5. No membership card will be issued. Please keep the receipt for your own reference.
6. Application to the Nursing Council of Hong Kong for the "CNE Provider" is in progress.

香港血科護理學會
WhatsApp 商業帳戶



Category	Eligibility	Subscription Fees
Full Member	Registered nurse whose area of responsibility involves haematology nursing & Any person who is not a registered nurse but interested in haematology nursing	HK\$100 per annum
Affiliate Member	All full-time students undergoing hospital / tertiary based nursing program	HK\$50 per annum

Subscriber's Personal Information

Name in English: (Surname)	Name in Chinese (if any): (Other Names)	Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr / Prof.
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Gender: Female Male HKID: XXX(X) HK Registered Nurse No: _____ (to obtain CNE point if A/V)

Institute/ Hospital: _____ Department/Unit: _____ Position/ Rank: _____

Correspondence Address: _____

Phone No. : _____ (Office / Home) _____ (Mobile / Pager)

E-mail: _____ Fax No: _____ (Office / Home)

Subscription for (Please tick the appropriate box):

Full Member (HK\$100) Affiliate Member (HK\$50)

Please select the appropriate item for reference: New Member Renewal

Declaration: I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material facts. Any misrepresentation or omission of information will be grounds for withdrawal of acceptance for the application.

Subscriber's Signature: _____

Date: _____

OFFICE USE ONLY: Subscription accepted: Yes No Membership No: _____

