



The Hong Kong Academy of Nursing
香港護理專科學院



Renewal Application Form for Fellow Membership

I, _____ Fellow Diploma Number: _____
Fellow Member of the Hong Kong College of _____ Nursing and Health Care Management

☐ am **applying** for renewal of Fellow Membership for the Year April 2020 to March 2021.

I declare that there *is / are:

- ☐ no changes
- ☐ changes with #supporting documents enclosed in the followings
- ☐ residential address _____
 - ☐ personal email address _____
 - ☐ work place _____
 - ☐ #update nursing practicing certificate _____
 - ☐ others, please specify: _____

I hereby declare that the above information is accurate to this date and I agree to provide the above information to Hong Kong College of Nursing and Health Care Management (here below refer to the College) and the Hong Kong Academy of Nursing 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 issues arise as a result of my failure to inform the College.

☐ am **NOT renewing** Fellow Membership for the Year April 2020 to March 2021.

Please be informed that the "Fellow 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 Fellow status and would need to go through examinations as stipulated by the College.

I enclose herewith a crossed cheque for **HK\$2,000** with cheque no. _____ of _____ Bank to be payable to **Hong Kong College of Nursing and Health Care Management Limited** as the annual membership fee from 1 April 2020 to 31 March 2021.

Deadline for return of renewal application: on or before 31 March 2020

Note: Please mail this renewal application form and the supportive documents together with the crossed cheque to:
Administrative Office, Hong Kong College of Nursing and Health Care Management Limited,
LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong

Signature of Applicant

Date

FOR ACADEMY COLLEGE USE

Endorsed by
Signature _____ Block Letters _____ Date _____
(President)

* Delete as appropriate