

HONG KONG COLLEGE OF UROLOGICAL NURSING Limited

Membership Application Form

I hereby apply for admission as * Full / Associate Member of the Hong Kong College of Urological Nursing.

Title _____ Job Title / Rank _____

Surname _____ Given Name(s) _____

Name in Chinese _____ Sex _____

Date of Birth _____ Place of Birth _____

Home Address _____

Tel No. _____ Fax No. _____ Email Address _____

Current Practice: * University / Hospital Authority / Private Hospital / _____

Work Address _____

Tel No. _____ Fax No. _____ Email Address _____

Address for correspondence: * Home / Work

Academic & Professional Qualifications:

Degree(s) or qualification(s)	Institution	Year awarded
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_____	_____	_____
_____	_____	_____

Membership of Other Nursing Associations & Societies:

Name of association or society	Membership category
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_____	_____
_____	_____

I certify that the information provided by me in support of the application is accurate and complete. I understand that the Council of the College will have absolute discretion to accept or reject my application.

I enclose herewith a crossed cheque for * \$150 (Full Member) / \$100 (Associate Member), payable to "Hong Kong College of Urological Nursing Limited", for payment of Annual Subscription Fee.

Date _____ Signature _____

* *Please delete as appropriate.*

Please return this form to Ms LI Miu Ling, c/o Lithotripsy Centre, G/F, Prince of Wales Hospital, Sha Tin, New Territories, Hong Kong.